



American Association *of* Colleges of Nursing

The Voice of Academic Nursing

Faculty Instructions

In the following survey, you will be asked to report information on individual faculty members employed at your institution.

To ensure data quality and relevant updates, you will be asked to individually input each faculty member's information and repeat as necessary until all of your full-time faculty members are accounted for.

In the email inviting you to this survey, you received an attachment detailing your responses from last year's (2023) annual survey if your school participated. Please carefully review the information you provided last year and re-enter it as necessary for each faculty member, updating their information as relevant (a pay increase, a change in tenure status, etc.). **Note that we have added additional fields this year, which you will need to update for previously entered faculty members and all new**

faculty recorded this year. Please respond to **all** fields for each faculty member.

Once you have re-entered existing faculty members, please enter new faculty members as appropriate.

All individuals holding full-time faculty appointments in your school of nursing, even if their salaries are paid by a number of revenue sources (inclusive of contracts and grants, practice revenue, or endowment funds) **should be entered in this section.**

Do not include the Dean/Chief Executive Officer of the School of Nursing (i.e., the Dean or other institutionally-determined title such as Director or Chair).

Click the link below to download a blank copy of the faculty survey sheet, which you will reupload later in the survey.

[Blank Faculty Survey Sheet](#)

Click the link below to download the Variable Key.

[Variable Key](#)

Click the link below to download the Variable Values Key for previous survey administrations if you are transferring previously reported data.

[Previous Year Variable Values Key](#)

Please upload your completed faculty sheet below, ensuring that all fields are filled for all faculty entered*.

***Faculty salaries should accurately reflect year-to-year changes.** If there are significant discrepancies, or outdated data, in your uploaded sheets, they will be returned to you and your survey considered will be incomplete until these discrepancies are resolved.

Part-Time Faculty

Part-Time Faculty Information

Indicate the number of PART-TIME FACULTY for the current semester, quarter, or trimester. Include all who are not considered full-time faculty but hold a faculty appointment in the school of nursing and receive some compensation from the school's revenue sources.

Please use your institution-specific definition of part-time and full-time faculty.

Part-Time Nurse Faculty

Part-Time Non-Nurse Faculty

Block 2

Please share the contact information for the person who completed this survey below. Please enter one name and one email address only. When entering the name, enter in the order of first name and last name without title (For example, John Smith).

Additionally, if you have any comments, please include

them below. Please enter N/A if you do not have any comments.

Name of the contact person for this survey

Title

Phone

Email

Do you have any additional comments?

Block 3

Moving forward will submit your survey. **You will not be able to revise your answers without contacting the AACN IDS team at datarequest@aacnnursing.org.**

Please carefully review your responses prior to submission and thank you for your participation.

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