AACN FACULTY SURVEY VARIABLE KEY

SCHOOLCO: Your individual school code as determined by AACN. This is provided in your previous responses if available. Contact us at datarequest@aacnnursing.org if you do not know your school code.

NAME: The name of the organization you are reporting data for (ex: Example University).

RECID: Your institutionally defined identification code for each faculty member (ex: Last Name, 12345). Limit these to 7 characters.

STATUS: That faculty member's status at your institution - active (currently employed) or left (not currently employed).

NEW FACULTY: An indicator describing whether a faculty member is new to your institution as of this survey administration (faculty employed for years should be listed as returning).

GENDER: The faculty member's gender identity. Please indicate the gender identity they report institutionally.

YEAR OF BIRTH (YOB): The faculty member's year of birth.

RACE/ETHNICITY: The faculty member's racial or ethnic identity. Please indicate the race or ethnicity they report institutionally.

VETERAN STATUS: The faculty member's veteran status. If you are unsure whether the faculty member is a veteran, please report them as not a veteran.

NURSE STATUS: Whether or not the faculty member is a registered and active nurse.

DEGREE: The highest degree earned and reported by each faculty member.

NP STATUS: Faculty member is certified as a nurse practitioner through a national certifying body or state recognition process.

CRNA STATUS: Faculty member is certified as a nurse anesthetist through the Council on Certification of Nurse Anesthetists.

CNS STATUS: Faculty member must hold national certification and/or state recognition as a Clinical Nurse Specialist.

MIDWIFE STATUS: Faculty member must hold national certification and/or state recognition as a Nurse Midwife.

RANK: The faculty member's rank (please indicate whether they are clinical).

LEVEL: The degree level each faculty member teaches. For instance, if they teach in a BSN and an MSN, but not a PhD or DNP program, please select baccalaureate and masters.

AREA: The area in which a faculty member teaches. If you selected 'does not teach' for LEVEL, please indicate the same response for AREA.

TENURE: The faculty member's tenure status. If your institution has no tenure system, please select no tenure system.

ADMINISTRATIVE RESPONSIBILITY: Faculty members who devote 50% or more of their time to administrative responsibilities should report yes.

TITLE: ONLY FOR THOSE WHO REPORTED THEY HAD AN ADMINISTRATIVE RESPONSIBILITY. Please indicate the title that best fits that responsibility.

SALARY BASIS: Please indicate the number of months a faculty member's contract is paid over.

BASE SALARY: Base salary refers to a faculty member's salary for their contract. No stipend for any additional work outside of his/her contract should be included. For example, if a faculty member is on a 9 month contract with a salary of 60,000 and receives a stipend of 1,000 for teaching a course in the summer, the base salary should be 60,000, NOT 61,000. Enter the current fiscal year's gross base salary (before deductions) rounded to the nearest dollar. REPORT ALL SALARIES ON AN ANNUALIZED OR 100 PERCENT EFFORT. For example, if an associate professor who normally works 10 months a year for a salary of 60,000 is on a 5 month unpaid leave for the academic year with a salary of 30,000, for purposes of this survey, enter 60,000 (not 30,000).

ADMINISTRATIVE / SUPPLEMENTAL SALARY: For example, if an associate professor's base salary is 55,000, but she/he receives an additional 4,500 for administrative responsibility as director of the nurse practitioner program, enter 4,500 (do not include the supplement in the base salary). However, an administrative supplement is not applicable for an individual who devotes 100% effort to administration. In this case, enter "0" No stipend of non-administrative supplement salaries should be included. For example, if a faculty member receives 1,000 for teaching a course in the summer, do NOT include $1,000 in Administrative Supplement.

SEPARATION TYPE: If you indicated a faculty member has left under STATUS, please indicate why within SEPARATION TYPE. Please enter N/A for all active faculty members.

SUBSEQUENT ACTIVITY: If you reported a faculty member has left under STATUS and know what they are doing since they left, please indicate that new position under SUBSEQUENT ACTIVITY. Please enter N/A for all active faculty members.

If you have any questions, please contact datarequest@aacnnursing.org.

American Association of Colleges of Nursing