**Individual Educational Activity**

**Applicant Eligibility Verification**

**Section 1: Eligibility**

Applicants interested in submitting an individual educational activity for approval must complete the Eligibility Verification and meet all Eligibility Requirements. Verification forms received from applicants that do not meet Eligibility Requirements will be rejected without substantive review.

**Primary point of contact for this activity:**Name and credentials: Click here to enter text.Email Address: Click here to enter text.Phone: Click here to enter text.

**Organization information:**Name of organization: Click here to enter text.Address (including city, state, and zip): Click here to enter text.Phone: Click here to enter text.

**Organization type:**

Constituent Member Associations of ANA

College or University

Healthcare Facility

Health - Related Organization

Multidisciplinary Educational Group

Professional Nursing Education Group

Specialty Nursing Organization

Other: Describe -

**Applicant category (select one):**

Member Owned Business (Programs used for commercial purposes)

Not for Profit (Hospital/Association/Health Care Provider Group)

Corporate for Profit (Medical Education Group; Industry other than Corporate Symposia)

**Estimated date of activity:**

1. Has the individual activity applicant ever been denied **accreditation by ANCC** or had its accreditation status suspended or revoked?  No  Yes

**If yes**, please provide the following information:

Date:       Action:  Denial  Suspension  Revocation

Brief description:

2. Has the individual activity applicant ever been denied **approval** by or had approval suspended or revoked for an individual activity or a provider application by ADCES?  No  Yes

**If yes**, please provide the following information:

Date:       Action:  Denial  Suspension  Revocation

Brief description:

3. Has the individual activity applicant ever been denied **approval** by or had approval suspended or revoked for an individual activity or a provider application by another ANCC Accredited Approver?  No  Yes

**If yes**, please provide the following information:

Date:       Action:  Denial  Suspension  Revocation

Brief description:

4. A currently licensed registered nurse with baccalaureate degree or higher in nursing is actively involved, as the nurse planner, in the planning, implementing and evaluation process of this continuing education activity.  No  Yes

If no, this activity is not eligible for continuing education.

**If yes**, please list the name and credentials, contact information, and RN license number of the nurse involved/responsible for this educational activity. **If the Nurse Planner has an actual or potential conflict of interest, he or she must recuse himself or herself from the role as Nurse Planner for the educational activity.**

|  |  |  |
| --- | --- | --- |
| **Nurse Planner's name and credentials** | **Email address** | **RN License #** |
|  |  |  |

**Section 2: Commercial Interest**

**The following section is intended to collect information about the individual activity applicant's corporate structure. Some applicant types are *automatically* exempt from ANCC’s definition of a commercial interest**, including:

* Blood banks,
* Constituent Member Associations,
* Diagnostic laboratories,
* Federal Nursing Services,
* For-profit and not for profit hospitals,
* For-profit and not for profit nursing homes,
* For profit and not for profit rehabilitation centers,
* Group medical practices,
* Government organizations,
* Health insurance providers,
* Liability insurance providers,
* National nurses organizations based outside the United States,
* Non-health care related companies, and
* Specialty Nursing Organizations
* A single-focused organization devoted to offering continuing nursing education. (The single-focused organization exists for the single purpose of providing CNE)

**NOTE: 501c applicants are not *automatically* exempt.** The ANCC Accreditation Program requires 501c applicants to be screened for eligibility.

**An "X" on this line identifies the applicant as exempt from ANCC’s definition of a commercial interest. Identify the applicant's exemption type from section 2 above and enter it here:**

If you checked the box above, then you have completed this questionnaire, proceed to Section 5.

**Section 3 - Only complete this section if applicant organization is not exempt**

**An "X" on this line identifies the applicant as not exempt from the ANCC Accreditation Program’s definition of a commercial interest.** The following questions must be answered, so ADCES can assess the applicant's eligibility.

* Does the individual activity applicant produce, market, re-sell, or distribute health care goods or services consumed by, or used on, patients?

No **If no**, complete the next bulleted question

Yes **If yes**, the applicant is **not** eligible for approval of Individual Educational Activities.

* Is the individual activity applicant owned or controlled by a multi-focused organization (MFO\*) that produces, markets, re-sells, or distributes health care goods or services consumed by, or used on, patients?

No **If no, this section of the questionnaire is complete, proceed to Section 5.**

Yes **If yes,** complete the next bulleted question

* Is the individual activity applicant a separate and distinct entity from the MFO\*?

No - **If no,** the applicant is **not** a separate and distinct entity from the MFO\* then the applicant is **not** eligible for approval of Individual Education Activities.

Yes - **If yes,** continue to section 4

\* Multi-Focused Organization (MFO) is an organization that exists for more than providing continuing nursing education.

**Section 4: Commercial Interest Evaluation - Continued**

* Does the multi-focused organization that owns the applicant have a 501-C Non-profit Status?

No **If no**, move to the next bulleted question  Yes

**If yes**, does the company that owns the applicant advocate for a commercial interest (as defined by the ANCC Accreditation Program?)

No

Yes **If yes**, or not sure, please describe the relationship the company that the applicant has with a commercial interest and the types of work the company that owns the applicant does for or on behalf of a commercial interest that might be considered advocacy.

* Is any component of the multi-focused organization an entity that produces, markets, re-sells, or distributes health care goods or services consumed by, or used on, patients?

No **If no, this section of the questionnaire is complete, proceed to Section 5**.

Yes **If yes**, please describe the health care goods or services consumed by or used on patients and the role of the entity in producing, marketing, re-selling or distributing those healthcare goods or services.

If **yes**, please complete and submit the ***Individual Activity Eligibility Commercial Interest Addendum*** with this Form.

**Section 5: Statement of Understanding**

On behalf of Individual Activity Applicant, I hereby certify that the information provided on and with this application is true, complete, and correct. I further attest, by my signature on behalf of Individual Activity Applicant, that Individual Activity Applicant will comply with all eligibility requirements and approval criteria throughout the entire approval period, and that Individual Activity Applicant will notify **ADCES** promptly if, for any reason while this application is pending or during any approval period, Individual Activity Applicant does not maintain compliance. I understand that any misstatement of material fact submitted on, with or in furtherance of this application for activity approval shall be sufficient cause for **ADCES** to deny, suspend or terminate Individual Activity Applicant’s approval of this individual activity and to take other appropriate action against Individual Activity Applicant.

*(Eligibility Verification forms received without a signature incur a delay in processing which will cause a delay in the review of the individual education activity application.)*

An “X” in the box below serves as the electronic signature of the individual completing this form and attests to the accuracy of the information contained.

**Electronic Signature (Required) Date:** Click or tap here to enter text.

Click or tap here to enter text.

**Completed By: Name and credentials**

Please return the completed Eligibility Verification Form and, if necessary, the Individual Activity Eligibility Commercial Interest Addendum with this Form to ADCES at: [ceapplication@aadenet.org](mailto:ceapplication@aadenet.org).