



Individual Educational Activity Eligibility Verification Form

New Jersey State Nurses Association is accredited as an approver of continuing nursing education with distinction by the American Nurses Credentialing Center's Commission on Accreditation

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Trenton NJ 08618
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2012, 6/2013, 2016

New Jersey State Nurses Association 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.

Name of Applicant (Organization)

Street Address

City

State

Zip/Postal

Country

Identify 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 in the space provided below:

Nurse Planner of the activity: Name and Credentials

Title/Position

Telephone Number

E-mail Address

- Has the applicant ever been denied **accreditation by ANCC** or had its accreditation status

suspended or revoked? Yes No

If yes, please provide the following information:

Date: _____ Action: Denial Suspension Revocation

Briefly describe below:

- Has the applicant ever been denied **approval** by or had approval suspended or revoked for an individual activity or a provider application by New Jersey State Nurses Association?
 Yes No

If yes, please provide the following information:

Date: _____ Action: Denial Suspension Revocation

Briefly describe below:

- Has the 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?
 Yes No

If yes, please provide the following information:

Date: _____ Action: Denial Suspension Revocation

Briefly describe below:

- 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. Yes No

Please list the name and credentials of the nurse involved/responsible for this educational activity:

Nurse Planner's Name	Credentials

Section 2: Commercial Interest

The following section is intended to collect information about the 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 Nursing 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: 501-C applicants are NOT automatically exempt. The ANCC Accreditation Program requires 501-C applicants to be screened for eligibility.

- Checking this box 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 below:**

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

- Checking this box identifies the applicant as not exempt from the ANCC Accreditation Program's definition of a commercial interest.** The following questions must be answered, so New Jersey State Nurses Association can assess the applicant's eligibility.

- Does the applicant produce, market, re-sell, or distribute health care goods or services consumed by, or used on, patients?
 - Yes **If yes**, the applicant is **not** eligible for approval of Individual Educational Activities.
 - No **If no**, complete the next bulleted question
- Is the 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?
 - Yes **If yes**, complete the next bulleted question
 - No **If no**, this section of the questionnaire is complete, proceed to Section 5.
- Is the applicant a separate and distinct entity from the MFO*?
 - Yes **If yes**, continue to section 4
 - 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.

* 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?
 - Yes No **If no**, complete the next question.

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

- Yes **If yes**, or not sure, please describe (in the space provided below) 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.

- No

- 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?

- Yes **If yes**, please describe (in the space provided below) 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.

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

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

Section 5: Statement of Understanding

(Please insert **Full Name of Applicant** in the spaces provided below)

On behalf of _____ 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 _____, that _____ will comply with all eligibility requirements and approval criteria throughout the entire approval period, and that _____ will notify New Jersey State Nurses Association promptly if, for any reason while this application is pending or during any approval period, _____ 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 New Jersey State Nurses Association to deny, suspend or terminate _____'s approval of this individual activity and to take other appropriate action against _____.

(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 _____

Completed By: Nurse Planner of the activity: Name and Title

Please return the completed Eligibility Verification Form and, if necessary, the Individual Activity Eligibility Commercial Interest Addendum with this Form to: New Jersey State Nurses Association; Attn: Kortnei Jackson; 1479 Pennington Road; Trenton, NJ 08618; or via email @ KJackson@njsna.org

New Jersey State Nurses Association Individual Activity Applicant Eligibility Commercial Interest Addendum

Applicants should only complete this addendum if directed to do so by the Individual Educational Activity Applicant Eligibility Verification or by the Accredited

Name of Applicant (organization)

Nurse Planner of the activity: Name and Credentials

Title/Position

Telephone Number

E-mail Address

Please answer the following questions to assist in verifying the applicant's eligibility.

- Are there organizational and procedural safeguards ('corporate firewalls') in place to ensure that the applicant is separate from any commercial interest listed on the Individual Educational Activity Applicant Eligibility Form?
 Yes
 No **If no, the applicant is not eligible for approval of individual education activities**

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

If yes, complete the following:

1. Are the applicant's offices physically separate from the MFO or component of the MFO?
 Yes No
2. Is the applicant a separate legal entity from the MFO and components of the MFO?
 Yes No
3. Does the applicant have a separate federal tax identification number from the MFO and components of the MFO?
 Yes No
4. Do any members of the MFO or component of the MFO have the ability to

do any of the following:

- A) Require or suggest information relating to the content of the applicant's CE activities;
 Yes No
- B) Review of activity content;
 Yes No
- C) Suggest faculty for an activity;
 Yes No
- D) Recommend either educational format or methods of evaluation.
 Yes No

5. Does the applicant 'share' services with the MFO or component of the MFO?
 Yes No

If yes, please list services that are 'shared' and describe (in the space provided below) how this is accomplished:

6. Please describe (in the space provided below) any additional information that ensures the applicant is independent of a commercial interest's ownership and control:

7. Are the applicant's servers, phone and fax lines, email addresses, web domains, if any, and other information technology infrastructures separated in any way from the MFO or component of the MFO?

Yes No

8. Can employees of the MFO or component of the MFO access electronic information concerning the applicant's CE activities stored on the applicant's computers?

Yes No

If yes, please explain:

9. In connection with the applicant's finances, which of the following does the applicant do?
- A. Maintain own budget
 Yes No

 - B. Conduct own grant reconciliation
 Yes No N/A

 - C. Maintain own Profit/Loss statement(s)
 Yes No

 - D. Maintain own billing, accounts receivable and payable
 Yes No

 - E. Issue own W-9 forms.
 Yes No
10. Is the applicant the employer of record for its own employees?
 Yes No
11. Does the applicant have any written policies addressing its independence in the manner in which its CE activities are planned and published?
 Yes No
12. Does the applicant collaborate on any projects with companies that meet the ANCC Accreditation Program's definition of a commercial interest?
 Yes No
13. Please describe anything else that assures independence of the applicant in connection with its governance structure:

Please provide a diagram, in a separate document, showing the applicant in relation to the MFO and/or component of the MFO, as applicable. Please indicate which component of the MFO meets the definition of a commercial interest.

If there are any written policies regarding assuring the independence of the applicant from the MFO

or component of the MFO, please provide copies for New Jersey State Nurses Association.

Statement of Understanding:

An “X” in the box below serves as the electronic signature of the individual completing this Individual Activity Applicant Eligibility Commercial Interest Addendum and attests to the accuracy of the information given above.

Electronic Signature (Required)

Date _____

Completed By: Nurse Planner of the activity: Name and Title

Please return the completed Addendum to: New Jersey State Nurses Association; Attn: Kortnei Jackson; 1479 Pennington Road; Trenton, NJ 08618; or via email @ KJackson@njsna.org.