**Pennsylvania 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 -

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| --- |
|  |
| Primary Point of Contact (Name and Credentials) |
|  |
| Title/Position |
|  |
| Telephone |
|  |
| Email Address |

A registered nurse with a current, unencumbered license and a 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** |
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**Section 2: Commercial Interest, Exempt Organizations**

**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:

1. Blood banks
2. Constituent Member Associations
3. Diagnostic laboratories
4. Federal Nursing Services
5. For-profit and not for profit hospitals
6. For-profit and not for profit nursing homes
7. For profit and not for profit rehabilitation centers
8. Group medical practices
9. Government organizations
10. Health insurance providers
11. Liability insurance providers
12. National nurses organizations based outside the United States
13. Non-health care related companies
14. Specialty Nursing Organizations
15. 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" in 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 here:**      **.**

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

**Section 3: Commercial Organizations**

**Complete this section only if applicant organization is not exempt**

**An "X" in 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 Pennsylvania State Nurses Association can assess the applicant's eligibility.

1. 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

1. 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.**

1. 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.

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

**Section 4: Commercial Interest Evaluation**

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

Yes

No **If no**, complete the next bulleted 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 the relationship that the applicant has with the company 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

1. 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 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**.

**Section 5: Statement of Understanding**

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

*(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)**

**Completed By: (Name and Title)**

**Date:**

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| --- |
| Please return the completed Eligibility Verification Sections 1, 2, and 5. If necessary, complete the Individual Activity Eligibility Commercial Interest Sections 3 and 4.  Send to Pennsylvania State Nurses Association at: [education@panurses.org](mailto:education@panurses.org) |