**International Association of Forensic Nurses**

**AA/IA-ECIA**

**Individual Activity Applicant**

**Eligibility Commercial Interest Addendum**

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| --- | --- |
| **Applicants should only complete this addendum if directed to do so by the Individual Educational Activity Applicant Eligibility Verification or by the Accredited Approver.**Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Applicant

|  |
| --- |
| Click or tap here to enter text.Primary Point of Contact: Name and CredentialsClick or tap here to enter text.Title/PositionClick or tap here to enter text. Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone Number E-mail Address  |

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**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

1. Is the applicant a separate legal entity from the MFO and components of the MFO?

[ ] Yes [ ]  No

1. Does the applicant have a separate federal tax identification number from the MFO and components of the MFO?

[ ]  Yes [ ]  No

1. Do any members of the MFO or component of the MFO have the ability to do any of the following:
	* 1. Require or suggest information relating to the content of the applicant's CE activities;

 [ ]  Yes [ ]  No

* + 1. Review of activity content;

 [ ]  Yes [ ]  No

* + 1. Suggest faculty for an activity;

[ ]  Yes [ ]  No

* + 1. Recommend either educational format or methods of evaluation.

[ ]  Yes [ ]  No

1. 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 how this is accomplished.

Click or tap here to enter text.

1. Please describe any additional information that ensures the applicant is independent of a commercial interest’s ownership and control.

 Click or tap here to enter text.

1. 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

1. 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: Click or tap here to enter text.

1. In connection with the applicant’s finances, which of the following does the applicant do?

Maintain own budget

 [ ]  Yes [ ]  No

Conduct own grant reconciliation

[ ] Yes [ ]  No [ ]  N/A

Maintain own Profit/Loss statement(s)

 [ ] Yes [ ]  No

Maintain own billing, accounts receivable and payable

[ ] Yes [ ]  No

Issue own W-9 forms.

[ ] Yes [ ]  No

1. Is the applicant the employer of record for its own employees?

 [ ] Yes [ ]  No

1. Does the applicant have any written policies addressing its independence in the manner in which its CE activities are planned and published?

 [ ] Yes [ ]  No

1. Does the applicant collaborate on any projects with companies that meet the ANCC Accreditation Program’s definition of a commercial interest?

 [ ] Yes [ ]  No

1. Please describe anything else that assures independence of the applicant in connection with its governance structure. **Click or tap here to enter text.**

Please provide a diagram 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 to the **International Association of Forensic Nurses.**

**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 \_**Click or tap here to enter text.**\_\_**

Click or tap here to enter text.

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**Completed by: Name and Title**

**QUESTIONS?**

**Phone: 410.626.7805 ext. 116**

 **Please return the completed Addendum Form to**

**International Association of Forensic Nurses at:**

**EMAIL: CE@forensicnurses.org**