**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 Credentials  Click or tap here to enter text.  Title/Position  Click or tap here to enter text. Click or tap here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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

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.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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**