



Oregon Continuing Education Activities for Nurses (OCEAN)
Oregon Nurses Association (ONA)

Applicant Eligibility Commercial Interest Addendum

- Applicants should only complete this addendum if directed to do so by the Applicant Eligibility Verification Form or by **OCEAN personnel**.

Applicant (Organization) Name: _____

Primary Contact Name and Credentials: _____

Title/Position: _____

Phone Number: _____

Email Address: _____

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

- Are there organizational and procedural safeguards in place to ensure that the applicant is separate from any commercial interest listed on the Applicant Eligibility Verification Form?
 No **If No**, the applicant is not eligible for approval of individual education activities.
 Yes

If Yes, complete the following:

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

1. Are the applicant's offices physically separate from the MFO or components 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 components 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 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 components of the MFO?
 Yes No
If Yes, please list services that are 'shared' and describe how this is accomplished.

6. Please describe 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 showing the applicant in relation to the MFO and/or components 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 **OCEAN** at OCEAN@oregonrn.org.

Statement of Understanding

By printing their full name below, the individual completing this form attests to the accuracy of the information provided on this form.

Completed By (Name and Credentials)

Date

Please return the completed Addendum to **OCEAN** at OCEAN@oregonrn.org.