



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

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.

Applicant (Organization) Name: _____

Mailing Address: _____

Identify Organization Type:

- Constituent Member Association of ANA
College or University
Healthcare Facility
Health-Related Organization
Other (describe)
Multidisciplinary Educational Group
Professional Nursing Education Group
Specialty Nursing Organization

Primary Contact Name and Credentials: _____

Title/Position: _____

Phone Number: _____

Email Address: _____

- Has the applicant ever been denied accreditation by American Nurses Credentialing Center (ANCC) or had its accreditation status suspended or revoked? Yes No

If Yes, please provide the following information:

Date: _____ Action: Denial Suspension Revocation

Brief description: _____

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

If Yes, please provide the following information:

Date: _____ Action: Denial Suspension Revocation

Brief description: _____

- 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

Brief description: _____

- A currently licensed registered nurse with baccalaureate degree or higher in nursing is actively involved as the nurse planner in the planning, implementation 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
- A single-focused organization* devoted to offering continuing nursing education (CNE)
- Group medical practices
- Government organizations
- Health insurance providers
- Liability insurance providers
- National nurses organizations based outside the United States
- Non-health care related companies
- Specialty Nursing Organizations

(*The single-focused organization exists for the single purpose of providing CNE)

NOTE: 501c applicants are not automatically exempt. ANCC 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: Complete only if applicant organization is not exempt

An "X" in this box identifies the applicant as **not** exempt from the ANCC definition of a commercial interest. The following questions must be answered, so that ONA 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.

Section 4: Commercial Interest Evaluation - Continued

- Does the multi-focused organization that owns the applicant have a 501c Non-profit Status?
 - No **If No**, complete the next bulleted question
 - Yes **If Yes**, does the company that owns the applicant advocate for a commercial interest (as defined by the ANCC)?
 - No
 - Yes **If Yes**, or not sure, please describe the relationship the company that owns 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. _____
- 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?
 - No **If No, this section of the questionnaire is complete, proceed to Section 5.**
 - 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 health care goods or services. _____

If **Yes**, please complete and submit the **Applicant Eligibility Commercial Interest Addendum** with this form.

Section 5: Statement of Understanding

On behalf of _____ (name of applicant), I hereby certify that the information provided on and with this application is true, complete, and correct. By signing below, I attest to having read and understood the *OCEAN Approver Unit Manual and Guidelines*. I further attest, by my signature, that _____ (name of applicant) will comply with all eligibility requirements and approval criteria throughout the entire approval period, and that _____ (name of applicant) will notify **Oregon Nurses Association** promptly if, for any reason, while this application is pending or during any approval period _____ (name of applicant) 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 **Oregon Nurses Association** to deny, suspend or terminate _____ (name of applicant)'s approval of this individual activity and to take other appropriate action against _____ (name of applicant).

(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.)

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 Eligibility Verification Form and, if necessary, the Applicant Eligibility Commercial Interest Addendum with this form to **Oregon Nurses Association** at OCEAN@oregonRN.org