

Evaluation of an Organization As a Commercial Interest



Name of Applicant _____ Date of Application (MM/DD/YYYY) _____

Primary Point of Contact: Name and Credentials _____

Title/Position _____

Telephone Number _____ E-mail Address _____

Do you have IRS 501c status? Yes No

Section 1

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:

- ANA Organizational Affiliate
- Blood banks
- Constituent/State 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
- Group medical practices
- Government organizations
- Health insurance providers
- Liability insurance providers
- National Nurses Associations/Organizations
- Non-health care related companies
- Specialty Nursing Organizations
- Single-focused organization* devoted to offering continuing education

*The Single-Focused Organization exists for the single purpose of providing continuing education.

NOTE: 501c organizations are not automatically exempt. The ANCC Accreditation Program screens 501c organizations for eligibility.

Applicant is exempt from ANCC’s definition of a commercial interest because it is a (select one):

If you checked the above box, proceed to section 5 to complete the questionnaire.

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Section 4: Continued

- Is the applicant the employer of record for its own employees? Yes No
 - Does the applicant have any written policies addressing its independence in the manner in which its CE activities are planned and published? Yes No
 - Does the applicant collaborate on any projects with companies that meet the ANCC Accreditation Program's definition of a commercial interest? Yes No
 - Please describe anything else that assures independence of the applicant in connection with its governance structure.
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- Please describe any additional information that ensures the applicant is independent of a commercial interest's ownership and control.

Section 5

An "X" in the box below serves as the electronic signature of the individual completing this Commercial Interest Form and attests to the accuracy of the information given above.

Electronic Signature Required

Date _____ (MM/DD/YYYY)

Completed By: Name and Title

Please electronically return the completed Evaluation of an Organization as a Commercial Interest Form to:
Accreditation@ana.org.