This document provides step-by-step instructions on what is required to apply for approval to award continuing nursing education (CNE) for an Individual Education Activity by the American Association of Occupational Health Nurses Association (AAOHN).

Directions for Submission

Instructions for completing the application begin on page five (5).

1. The following documents must be included in the submission:
   1. Individual Educational Activity Applicant Eligibility Verification
   2. Individual Activity Applicant Eligibility Commercial Interest Addendum (if the Applicant Eligibility Verification indicates commercial interest)
   3. Individual Education Activity Application (the application includes additional forms required for the submission.)
   4. Attachments/Appendices:
      1. Bio/Conflict of Interest Forms for the nurse planner, content expert and committee members
      2. Bio/Conflict of Interest Forms for all presenters
      3. Educational Planning Table
      4. Marketing materials
      5. Evaluation tool
      6. Sample(s) of source(s) of evidence for Needs Assessment (Key Element 1, Section C)
      7. Disclosure Statement
      8. Sample Certificate of Completion

2. Electronic Submission
   1. Email one (1) electronic copy of the entire application (with all materials included) as a PDF attachment in the order described above to Approver@AAOHN.org
   2. Application must be scanned into one (1) attachment. Multiple files not accepted.
   3. Application materials must be received at least 45 - 60 days prior to the event.
   4. Retroactive approval is never granted.
**Fees**

Fees are to be submitted with the application materials and are not refundable once the review process has begun. Fees may be paid by check, money order or credit card.

The fee schedule is based on the number of contact hours requested for educational activities in each category of providers. The **standard fee** is for applications postmarked at least sixty (60) days prior to the date of the activity. An additional administrative fee must be submitted for applications postmarked 45 – 60 days before the activity date, as shown in AAOHN Approver Unit Fees – Appendix 1. The appropriate fee amount must be submitted with the application.

Make check or money order payable to AAOHN, or complete the Credit Card Payment Form (Attachment A). If payment is made by check or money order, please include a copy of the Credit Card Payment Form with the activity information completed for identification purposes.

**Approval Period**

Individual Educational Activities are approved for a period of two (2) years. During the two (2) year period, the provider may repeat the same CNE activity as often as desired to as many individuals as needed. When repeating an educational activity, if the presenter/speaker changes, the AAOHN Approver Unit must be notified. A new presenter requires submission of a new Biographical/Conflict of Interest form. If the topic, content or objectives change, a new application must be submitted.

**General Information**

An applicant can submit an application to obtain approval of a continuing education activity for nurses. The continuing education activity must be related to professional development.

The AAOHN Approver Unit will only review applications that pertain to occupational health nurses and nurses in other disciplines interacting with health and safety of employees and employee communities.

The content of the educational activity should enable the learner to acquire or improve knowledge or skills beyond basic knowledge and enhance professional development or performance as a nurse, regardless of the employer.

A CNE activity may be but is not limited to conventions, courses, seminars, workshops, lecture series, distance learning activities such as teleconferences and audio conferences, packaged
programs such as (web based, paper/pen, etc.), learner directed independent study activities or point of care learning. Knowledge and use of adult learning principles should be reflected in all aspects of the educational design.

In-Service Education or Staff Development Activities ---- These activities intend to enhance performance in the participant’s current job role and are based on a specific facility/organization’s policies and procedures, equipment, and resources. IF in-service education or staff development activities contain content that is transferrable to another job setting, it MAY be considered eligible for contact hours.

Examples of activities NOT eligible for contact hours include (but are not limited to) the following:

- Activities that address how to utilize the equipment of a particular organization or hospital.
- Activities that address a particular organization’s policies and procedures.
- Commercial interests.
- Programs or topics that refer to a product or service from a commercial entity.
- Activities that focus on financial planning and retirement.

Application Process/Timelines

- Applications must be submitted and approved prior to the activity date.
- An electronic letter from AAOHN will acknowledge receipt of your application. If you do not receive acknowledgement within five (5) days of your submittal of the application, please contact AAOHN to ensure the application was received.
- If the application is incomplete, this will be noted in the acknowledgment letter, and the application will not be sent out for peer review until all elements are received. Missing elements of the application should be submitted within five (5) days of application acknowledgment.
- Completed application is sent to two (2) Nurse Peer Review Committee members for review. The nurse peer reviewers submit their recommendations to approve, defer, or deny the application.
- The application is then sent to the Lead Nurse Reviewer for final review.
- If an application is approved, an approval letter is sent by email to the provider contact with the AAOHN approval number, number of contact hours awarded, and approval expiration date.
- If an application is deferred by one or both peer reviewers and/or the Lead Nurse Reviewer, notification is made via a revision letter to the provider contact stating what elements are needed for the application to be approved. The provider has ten (10) days to submit the necessary revisions and/or clarifications. The Approver Unit staff will review
revised materials, grant approval, denials or request additional revisions. Revisions must be made prior to the activity date as retroactive approvals are not awarded.

Refunds
To issue a refund, AAOHN must receive a written request to withdraw the application before the application is sent for peer review. The application fee, less a $25.00 administrative charge, will be returned to the provider contact. After the review process begins, the fee cannot be refunded.

Appeal Process
Copies of the Appeals Form and related procedures may be obtained by contacting the AAOHN Approval Unit. Appeals must be submitted within ten (10) days of notification of denial.

The Appeals Committee will render a final decision in writing within ten (10) working days. The continuing nursing education activity must meet the criteria for approval prior to the first activity date.

Revocation of Approval
Approval of the CNE activity may be revoked as a result of:

- Failure of the provider to remain in compliance with the policies, procedures, and criteria outlined in the application.
- Verification by the Approver Unit Staff of written complaints or charges by participants or others and failure of the provider to satisfactorily address complaints, or
- Refusal of the provider to comply with the investigation of complaints or charges.

For questions or additional information, contact the AAOHN Approver Unit at 800-241-8014 or email to Approver@AAOHN.org.
The Individual Educational Activity Applicant Eligibility Verification form is utilized to verify that an organization/individual applying to offer CNE for an educational offering is eligible under ANCC Eligibility Requirements. Organizations deemed ineligible will not be considered for approval by the American Association of Occupational Health Nurses.

This form requests information on the applicant’s demographic data and the type of organization. All questions must be answered to determine eligibility.

Section 1:

1. Name of Applicant: Please note that the applicant name is generally the name of the organization and not the name of the person completing the form. The Applicant name will be listed as the provider of the activity on the certificate and advertising.

- The Primary Point of Contact is the person through which all communication will be addressed. This person is not required to be a nurse. If the contact person is also part of the planning committee, include his/her name on the planning committee list.

2. A licensed registered nurse with a baccalaureate degree or higher in nursing must be actively involved in all aspects of planning, implementation, and evaluation. The Nurse Planner is responsible for ensuring that appropriate educational design principles are used and processes are consistent with the requirements of the ANCC Primary Accreditation Program.

3. The planning committee must have a minimum of one (1) Nurse Planner and one (1) other planner to plan each educational activity. One (1) planner must have appropriate content expertise.

Section 2:

This section addresses whether the organization is exempt from ANCC’s definition of a commercial interest. ANCC defines a commercial interest as “any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients.”

Section 3, 4, and 5:

This section is completed by organizations that are not exempt from the definition of a commercial interest. All questions must be answered to determine eligibility.
The Statement of Understanding must be completed.

Completing Required Forms: Individual Activity Applicant Eligibility Commercial Interest Addendum

The Commercial Interest Addendum needs to be completed only if directed to do so by the Individual Educational Activity Eligibility Verification form.

Completing Required Forms: Individual Educational Activity Application

Demographic Data:
This section includes the title of the activity, number of contact hours requested, type of activity, and names, credentials and contact information for the Nurse Planner.

KEY ELEMENT 1:
Assessment of Learner Needs:
A. Identify the type of needs assessment method used to plan the activity.  
B. Identify the target audience for the activity. AAOHN only reviews applications that include occupational health nurses and nurses in other disciplines interacting with health and safety of employees and employee communities. The primary audience for the CE activity (through this application process) is the Registered Nurse.  
C. Indicate source of supporting evidence for the needs assessment data. An example of the source of supporting evidence must be submitted. Examples include survey data, specific literature review, evaluation summaries, minutes from planning meetings and email requests.  
D. Describe how objectives, content and teaching methods reflect the needs assessment.

KEY ELEMENT 2:
Qualified Planners and Faculty/Presenters/Authors/Content Reviewers:
A. Planning Committee  
Planning committees must have a minimum of one (1) Nurse Planner and one (1) other planner to plan each educational activity. The Nurse Planner must have a baccalaureate degree or higher in nursing. Additionally, the Nurse Planner must be knowledgeable of the CNE process and is responsible for adherence to ANCC criteria. One (1) planner needs to have appropriate content expertise. Additional planning committee members may be utilized. Each member of the planning committee must complete a Biographical and Conflict of Interest form. The individual’s role must be indicated. The completed forms must be included in the application as an attachment.
The Nurse Planner reviews and signs all Biographical and Conflict of Interest forms to determine if a potential conflict or bias exists. If a conflict of interest is identified, resolution is required. You must document the actions taken to resolve the conflict.

The Biographical/COI Form of the Nurse Planner must be reviewed and signed by a Planning Committee member.

B. Faculty/Presenters/Authors

All faculty/presenters/authors must have documented qualifications that demonstrate their education and/or experience in the content area they are presenting. Expertise in a subject matter can be evaluated based on education, professional achievements and credentials, work experience, honors, awards, professional publications, etc.

You must identify how the needed qualifications of the Faculty/Presenters/Authors are identified and how the qualifications are deemed to be appropriate and adequate.

The completed Biographical and Conflict of Interest form needs to be specific to the activity. All Biographical and Conflict of Interest forms must be included with the application as one PDF file.

The Nurse Planner is responsible for evaluating whether any Faculty/Presenter/Author has a relationship with a commercial interest organization. If a relevant relationship is identified, resolution is required. You must document the actions taken to resolve the conflict and how you plan to disclose the resolution to the participants.

KEY ELEMENT 3:

Effective Design Principles:

Use the Educational Planning Table to document the items A-F below.

A. Identified gaps: Document the type of gap addressed by this activity. Identify the appropriate gap for the intended target audience that the educational activity will address based on the needs assessment data.

B. Purpose: The purpose of the activity must be clearly stated and supported by the needs assessment, objectives, and content. The purpose should be written as an outcome statement related to the learner at the conclusion of the activity. “The purpose of this activity is to enable the learner to…”
C. **Educational Objectives**: Specific objectives for the learning activity are developed collaboratively by the planners and Faculty/Presenters/Authors and must relate to the purpose of the activity.

Each objective should be expressed in measurable terms using a measurable action verb. A behavioral objective states what the learner will be able to do on completion of the CNE activity. These objectives describe knowledge, skills, and/or practice changes that should occur upon successful completion of the educational activity.

The objectives are derived from the overall purpose of the activity. Educational objectives are written statements that describe the learner-oriented outcomes which may be expected as a result of participation in the educational activity.

Be sure that all objectives:
- Use verbs which describe an outcome that can be evaluated. **Know** and **understand** are **NOT** measurable terms. Refer to Appendix __ for appropriate verbs when writing objectives.
- Consist of one (1) or two (2) action verb(s) per objective.
- Describe the learner outcome, not the instructor’s process or approach.
- Are supported by the teaching strategies. Be aware that objectives containing behavioral verbs such as demonstrate and apply require specific teaching strategies.

D. **Content**: Provide the content for each objective using the Educational Planning Table. The content section is a succinct description of information that will be presented to accomplish the objectives. Content is related to, and consistent with, the objectives. Each objective must have corresponding content. Please number or align content to reflect the objective being addressed. Content is not a restatement of the objective; it is a list of topics which will be addressed.

E. **Time Frame**: Provide the time frame for the presentation of the content. Time allotted for the activity should be consistent with the objectives and appropriate for the content being presented. The time frame is the estimate of time needed to present the content and accomplish the learning activities.

- **Provider paced activities**: Time frames should include time for disclosure, question and answer period, completion of the evaluation form or completion of tests. It does not include breaks, lunch, time to walk between rooms, or major announcement/introduction.
- **Learner paced activity**: Identify the method used to calculate contact hours, e.g., pilot testing with potential audience, Mergener’s formula, or other
defensible means. One contact hour equals sixty (60) minutes. AAOHN approves a minimum of 1.0 contact hours with additional increments of 0.25. Rationale: 0.25 hours = 15 minutes and 0.20 hours = 12 minutes.
• Contact hours must not be rounded up.

F. Teaching-Learning Strategies: List the methods and instructional strategies used by the Faculty/Presenters/Authors to cover each objective on the Educational Planning Table. The Teaching-learning strategies must be congruent with the objectives and content.

Instructional methods that support attainment of the educational objectives must be used. The action indicated as the expected outcome determines the teaching strategies to be used. For example, a learning objective that requires the learner to successfully demonstrate a psychomotor skill should include teaching strategies that use demonstration and return demonstration.

The teaching strategies must include all planned methods used to meet the learning outcomes, e.g., lecture, discussion, images, panel discussion, handouts, demonstration, questions and answers, and test.

**The remaining items under Effective Design Principles are not part of the Educational Planning Table.

G. Learner Feedback: Please select the option that represents how learners will be provided feedback.

H. Successful Completion: Select the option(s) that best describes how successful completion for the activity is determined. This needs to be consistent with the purpose, objectives, and teaching and learning strategies employed. Provide the rational for the method selected. If partial credit is awarded, provide the details of how credit will be determined.

I. Verify Participation: Select the option that details how participation at the activity will be verified. The participant is informed of these criteria prior to the beginning of the activity.
KEY ELEMENT 4

Awarding Contact Hours: Contact hours are determined in a logical and defensible manner, consistent with the objectives, content, teaching/learning strategies, and target audience.

Contact hours can not be awarded retroactively.

A contact hour is a sixty (60) minute hour. The contact hour may be taken to the hundredths but may not be rounded up. Contact hours are only calculated for the time spent on didactic learning or clinical experience. This does not include “Welcome and Introductions” or break times. Evaluation of the activity is included in the calculation of contact hours.

**Live activities**: Calculate the number of contact hours based on the learning activity, clearly stating the time spent on welcome, introductions, pre/post tests, presentation, clinical experience, breaks, and evaluation. Contact hours are awarded to participant for those portions of the educational activity devoted to didactic or clinical experience or to evaluating the activity.

An agenda that clearly defines all aspects of the schedule must accompany all applications requesting approval for more than three (3.0) contact hours. The agenda must match the time frames listed on the Educational Planning Table.

**Enduring Materials**: Provide a description of the method used for calculating contact hours. You must provide the documentation and evidence of how contact hours were calculated.

KEY ELEMENT 5

**Evaluation**:

A. Check or describe the methods of evaluation to be used. A copy of the evaluation tool must be submitted.

B. A summative evaluation must be completed as part of the activity. This needs to be retained with the records for this activity.

C. The Nurse Planner and planning committee must review the summative evaluation. You may be required to provide documentation of this on the annual report or during interim monitoring.
KEY ELEMENT 6

Approval Statement for Individual CNE Activities:
All communications, marketing materials, certificates, and other documents that refer to awarding contact hours or continuing education credit for an individual educational activity must include the approval statement of the accredited organization.

The approval statement must be displayed clearly to the learner, stand alone on its own line of text, and be written exactly as indicated by the American Association of Occupational Health Nurses. When referring to contact hours, the term “accredited contact hours” should never be used. An organization is accredited or approved; contact hours are awarded.

Documents (advertising) to be released prior to approval AND after the application has been submitted, must contain the following statement:

*This activity has been submitted to the American Association of Occupational Health Nurses (AAOHN) for approval to award contact hours. The American Association of Occupational Health Nurses (AAOHN) is an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.*

All advertising must include the accreditation statement as above.

Identify the type of advertising material to be used. Advertising material includes any method of announcing an educational activity. This material must be provided with the application. If advertising is provided on a website, include a copy of the e-mail or website advertising. All finalized copies of advertising materials must be submitted to the American Association of Occupational Health Nurses for inclusion in the applicant’s file.

An Important Note about the Term “CEU”
The ANCC does not recognize the Continuing Education Unit (CEU) term. CEU is not an abbreviation for continuing education but rather a specific measure: One (1) CEU is equal to ten (10) contact hours. CEU is a protected term and should never be used in the application or the educational activity.

KEY ELEMENT 7

Documentation of Completion:
Learners receive documentation of successful completion of the educational activities. The document/certificate must include:

- Name and address of the provider of the educational activity (Web address is acceptable)
- Title and date of completion of the educational activity
- Number of contact hours awarded
This continuing nursing education (CNE) activity was approved by
The American Association of Occupational Health Nurses, Inc. (AAOHN),
an accredited approver by the American Nurses Credentialing Center’s
Commission on Accreditation.

Include a copy of the completed certificate to be awarded to learners.

KEY ELEMENT 8

Commercial Support and Sponsorship:
A commercial interest is defined by ANCC as any entity either producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients or an entity that is owned or controlled by an entity that produces, markets, re-sells or distributes health care goods or services consumed by, or used on, patients. Exceptions are made for non-profit or government organizations and non-health care related companies.

Commercial Support is financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CNE activity.

A sponsor is identified as an organization that does not meet the definition of commercial interest. Sponsorship is financial, or in-kind, contributions given by an entity that is not a commercial interest, which is used to pay all or part of the costs of a CNE activity.

A. Check this box if the activity did not receive any commercial support or sponsorship. If no commercial support or sponsorship was received, the remaining items under this section do not need to be completed. If the activity did receive commercial support or sponsorship, complete the remaining items.

B. Identify the name of the organization that provided commercial support or sponsorship in the first column. In the second column, identify the amount of funding or in-kind support provided. In the final column, identify whether the organization is a commercial interest or non-commercial interest.

C. Select the method by which content integrity for the educational offering is maintained.

D. Identify the precautions that will be taken to prevent bias in the educational content.

E. Include a copy of the commercial support or sponsor agreement with your application.
This agreement must include:

- A statement that the provider of commercial support or sponsorship may not participate in any component of the planning process of an educational activity, including assessment of learning needs, determination of objectives, selection or development of content, selection of presenters or faculty, selection of teaching/learning strategies, and evaluation.
- A statement of understanding that the commercial support or sponsorship will be disclosed to the participants of the educational activity.
- A statement of understanding that the provider of commercial support or sponsorship must agree to abide by the provider’s policies and procedures.
- Amount of commercial support or sponsorship and description of in-kind donation.
- Name and signature of the individual who is legally authorized to enter into contracts on behalf of the provider of commercial support or sponsorship.
- Name and signature for the individual who is legally authorized to enter into contracts on behalf of the provider of the educational activity.
- Date the agreement was signed.

Commercial support, exhibits, sponsorship, or the presentation of research conducted by a commercial company is not permitted to affect the design and scientific objectivity of any educational activity. Commercially-supplied funds for an educational activity are given in the form of an educational grant or in-kind assistance and are acknowledged in the brochures and/or printed material for the activity.

**KEY ELEMENT 9**

**Conflict of Interest**

Conflict of Interest may arise when an individual has the ability to control or influence content of an educational activity and has a financial relationship with a commercial interest. Select the options which best describe the identification and resolution of potential conflicts.

**KEY ELEMENT 10**

**Disclosures Provided to Participants:**

Learners must receive disclosures of required items prior to the start of an educational activity. In live activities, disclosures must be made to the learner prior to initiation of the educational content. In enduring materials (print, electronic, or Web-based activities), disclosures must be visible to the learner prior to the start of the educational content. Required disclosures may not occur or be located at the end of an educational activity. If a disclosure is provided verbally, an audience member must document both the type of disclosure and the inclusion of all required disclosure elements. With respect to this written verification:
• A representative of the provider who was in attendance at the time of the verbal disclosure must attest, in writing that verbal disclosure did occur and the nature of the disclosed information.
• The document that verifies that adequate verbal disclosure did occur must be completed within one month of the activity and placed in the file to be retained for six (6) years.

• Certain disclosures are always required. Select the appropriate description of how these disclosures will be provided to participants:
  1. Requirements for successful completion: Learners are informed in advance of the criteria, goals and objectives to be used to determine successful completion of an educational activity. (Note: Not applicable is not an acceptable response.)
  2. Conflicts of interest or lack thereof: Learners are informed of any influencing financial relationships or lack thereof disclosed by planners, presenters or content reviewers. You must identify whether a conflict of interest was present and with whom. Additionally, you must select the option that details how the disclosure is communicated to the learner.

• The following disclosures may be required, if needed:
  3. Commercial support: Learners are made fully aware of the nature of any commercial support related to an educational activity or lack thereof.
  4. Sponsorship: Learners are made fully aware of the nature of any sponsorship related to an educational activity or lack thereof.
  5. Non-endorsement of products: Learners are advised that approval of the CNE activity does not imply endorsement by the provider, ANCC, or AAOHN of any commercial products displayed in conjunction with an activity.
  6. Expiration date for awarding enduring materials contact hours (if applicable): The expiration date must be visible to the learner prior to the start of the educational content. Endurable educational documents must include a statement that explains how long contact hours will be awarded for an activity. This statement must appear on all marketing material and on the educational material.

Official Approval Statement:

This continuing nursing education activity was approved by the American Association of Occupational Health Nurses (AAOHN), an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

KEY ELEMENT 11
Recordkeeping:

A. Recordkeeping requirements for each educational activity:
• Title and location (if live) of activity
• Type of activity format: live or enduring
• Date live activity presented or, for ongoing enduring activities, date first offered and subsequent review dates
• Description of the target audience
• Method of the needs assessment
• Findings of the needs assessment
• Names, titles, and expertise of activity planners
• Role held by each Planning Committee member (must include identification of the Nurse Planner and Content Expert(s))
• Names, titles, and expertise of activity presenters, faculty, authors, and/or content reviewers
• Conflict of interest disclosure statements from planners
• Resolution of conflicts of interest for planners, if applicable
• Conflict of interest disclosure statements from presenters, faculty, authors, and/or content reviewers
• Resolution of conflicts of interest for presenters, faculty, authors, and/or content reviewers. If applicable
• Purpose of activity
• Objectives of activity
• Evidence of gap in knowledge, skill, or practice for the target audience
• Content of activity: an Educational Planning Table or other documentation showing up to three (3.0) hours of content (Note: if more than three (3.0) contact hours were awarded for the activity, documentation demonstrating a minimum of three (3) hours of content along with the schedule and advertising for the full activity must be submitted for review. The entire content of the activity must be maintained in the provider’s secure files with all other recordkeeping components.)
• Instructional strategies used
• Evidence of learner feedback mechanisms
• Rationale and criteria for judging successful completion
• Method or process used to verify participation of learners
• Number of contact hours awarded for activity, including method of calculation (Individual Activity Applicant must keep a record of the number of contact hours earned by each participant.)
• Template of evaluation tool(s) used
• Marketing and promotional materials
• Means of ensuring content integrity in the presence of commercial support (if applicable)
• Commercial support agreement with signature and date (if applicable)
• Means of ensuring content integrity in the presence of sponsorship (if applicable)
• Sponsorship agreement with signature and date (if applicable)

*Note: The application contains all elements above.

• Roster
• Evaluations and/or Evaluation Summary
• Evidence of disclosing to the learner (Disclosure Statement):
  o Purpose and/or objectives and criteria for successful completion
Presence or absence of conflicts of interest for all members of the planning committee, presenters, faculty, authors, and content reviewers.

KEY ELEMENT 12

Joint-Providership
List the name of the co-providing organization. Indicate with an X your understanding of the three (3) items regarding joint-providership. Attach the signed, written co-provider agreement.

STATEMENT OF UNDERSTANDING
If the application is prepared by someone other than the Nurse Planner the first signature block must be filled in, signed and dated.
Nurse Planner’s signature and date signed.

BEFORE SENDING THIS APPLICATION TO THE AAOHN APPROVER UNIT, HAVE YOU INCLUDED:

[ ] Eligibility Verification Form
[ ] The Individual Educational Activity Application
[ ] Sample source of evidence for Needs Assessment
[ ] Biographical data forms for each planner/presenter
  Including completion of the conflict of interest/conflict resolution.
  Make sure each form signed and dated.
[ ] Program agenda/schedule if activity is more than three (3.0) contact hours.
[ ] Education Planning Table
[ ] Signed Commercial Support or Sponsorship Agreement if applicable
[ ] Signed Co-provider Agreement if applicable
[ ] Participant Evaluation Form
[ ] Advertising Material
[ ] Disclosure Statement if not included on advertising
[ ] Completed Certificate of Completion
[ ] Fee