

WRITTEN AGREEMENT

Regarding Terms, Conditions and Purposes of an Educational Grant between Ascension St. John Hospital and

_____ (company)

(Form must be typed or printed legibly)

Title of CME Activity: _____

Location: _____ Date(s) _____

Ineligible Company: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax _____ Contact Person _____

The above company wishes to provide support for the named continuing medical education activity.

Unrestricted Educational Grant for the support of the CME activity. Grant amount \$

CONDITIONS

1. **Statement of Purpose:** program is for scientific and educational purposes only and will not promote the company's products, directly or indirectly.
2. **Control of Content & Selection of Presenters & Moderators:** sponsor is ultimately responsible for control of content and selection of presenters and moderators. Company, or its agents, will respond only to sponsor-initiated requests for suggestions of presenters or sources of possible presenters. Company will suggest more than one name (if possible); will provide speaker qualifications; will disclose financial or other relationships between company and speaker, and will provide this information in writing. Sponsor will record role of company, or its agents, in suggesting presenter(s); will seek suggestions from other sources, and will make selection of presenter(s) based on balance and independence.
3. **Disclosure of Financial Relationships:** sponsor will ensure disclosure to the audience of (a) company funding and (b) any significant relationship between the sponsor and the company (e.g., grant recipient) or between individual speakers or moderators and the company.
4. **Involvement in Content:** there will be no "scripting," emphasis, or influence on content by the company or its agents.
5. **Ancillary Promotional Activities:** no promotional activities will be permitted in the same room or oblique path as the educational activity. No product advertisements will be permitted in the program room.
6. **Objectivity & Balance:** sponsor will make every effort to ensure that data regarding the company's products (or competing products) are objectively selected and presented, with favorable and unfavorable information and balanced discussion of prevailing information on the product(s) and/or alternative treatments.
7. **Limitations of Data:** sponsor will ensure, to the extent possible, disclosure of limitations of data, e.g., ongoing research, interim analyses, preliminary data, or unsupported opinion.
8. **Discussion of Unapproved Uses:** sponsor will require that presenters disclose when a product is not approved in the United States for the use under discussion.
9. **Opportunities for Debate:** sponsor will ensure opportunities for questioning or scientific debate.

10. Independence of Sponsor in the use of Contributed Funds:

- a. funds should be in the form of an educational grant made payable to Ascension St. John Hospital- CME
- b. all other support associated with this CME activity (e.g., distributing brochures, preparing slides) must be given with the full knowledge and approval of the CME Department of St. John Hospital.
- c. no other funds from the ineligible company will be paid to the program director, faculty, or others involved with the CME activity (additional honoraria, extra social events, etc.).

The Ineligible Company agrees to abide by all requirements of the ACCME *Standards for Integrity and Independence in Accredited Continuing Education*

The Accredited Sponsor agrees to: 1) abide by the ACCME *Standards for Integrity and Independence in Accredited Continuing Education* 2) acknowledge educational support from the ineligible company in program brochures, syllabi, and other program materials, and 3) upon request, furnish the ineligible company a report concerning the expenditure of the funds provided.

AGREED

Ineligible Company Representative (name) _____

Signature _____ Date _____

Course Director (name & department) _____

Signature _____ Date _____

Executive Director of CME (name) _____

Signature _____ Date _____

Revised 12/7/22
Revised 12/3/2021
Revised 12/10/2018