

CHICAGO MEDICAL SOCIETY (UPDATED 8/25/14)

LETTER OF AGREEMENT

(Must be typed or printed legibly)

Terms, Conditions and Purposes of an Educational Grant

Between **Chicago Medical Society** (Accredited Provider), _____ (Joint Provider)

and _____ (Company providing commercial support)

Title of CME Activity _____

Location _____ Date(s) _____

Commercial Supporter (Company name) _____

Address _____

City, State Zip _____

Contact Person _____ Phone _____

E-mail _____ Fax _____

The above company wishes to provide support for the named education activity by means of (indicate which option):

1. Educational grant for support of the CME activity in the amount of \$ _____

2. Educational grant to reimburse expenses for:

A. Speaker(s) 1. _____ 2. _____
3. _____ 4. _____

To include: All Expenses Travel Only Honorarium Only

Honorarium Amount (to be determined by Course Director) \$ _____

B. Support for catering functions (specify) _____

In the amount of \$ _____

C. Other (e.g., equipment loan, projectionist, brochure distribution, etc.) _____

CONDITIONS

- Statement of Purpose:** Program is for educational purposes only and will not promote the company's products or services, directly or indirectly.
- Control of Content & Selection of Presenters, Authors & Moderators:** The Accredited Provider and Joint Provider are entirely responsible for control of content and selection of planners, presenters, authors and/or moderators. The Company agrees not to direct the content of the program and to refrain from providing any type of direction, assistance, or services that would influence decisions regarding the following: a) identification of CME needs; b) determination of educational objectives; c) selection and presentation of content; d) selection of all persons and organizations that will be in a position to control the content of the CME activity; e) selection of educational methods; and f) evaluation of the activity.
- Disclosure of Financial Relationships & Conflict of Interest (COI) Resolution:** Accredited Provider and Joint Provider will ensure meaningful disclosure to the audience, at the time of the program, of (a) Company funding and (b) any relevant financial relationship between the Accredited Provider or Joint Provider and the Company (e.g., grant recipient) or between individual speakers, planners, authors or moderators and the Company. Should anyone in a position to influence content of the CME activity declare a COI, then the Accredited Provider's planning/accrediting committee will take steps to resolve such COI prior to the delivery of the CME activity.
- Involvement in Content:** The content or format of a CME activity or its related materials must promote improvements or quality *in healthcare* and not specific proprietary interests of the Company. There will be no "scripting," emphasis, or direction of content by the Company or its agents.

5. **Ancillary Promotional Activities:** Product-promotion materials or product-specific advertisements of any type are prohibited in or during the CME activity. Live or enduring **promotional** activities must be kept separate from CME. Educational materials that are part of the CME activity, such as slides, abstracts and handouts, cannot contain any advertising, trade name, logos, or product-group message. Furthermore, social events or meals sponsored at the CME activity cannot compete or take precedence over the educational event.
6. **Objectivity & Balance:** Accredited Provider and Joint Provider will make every effort to ensure that a balanced view of therapeutic options is given to the CME participants and 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 on Data:** Accredited Provider and Joint Provider will ensure, to the extent possible, meaningful disclosure of limitations on data, e.g., ongoing research, interim analyses, preliminary data, or unsupported opinion.
8. **Opportunities for Debate:** Accredited Provider and Joint Provider will ensure meaningful opportunities for questioning and/or scientific debate.
9. **Independence of Accredited Provider and Joint Provider in the use of Contributed Funds:** Please complete
 - a. Funds should be in the form of an educational grant made payable to _____
(accredited provider/joint provider)
 - b. All commercial support associated with this CME activity (including *in-kind* donations such as: brochure distribution, handout or slide preparation, etc.) must be given with the full knowledge and approval of Chicago Medical Society and _____
(Joint Provider)
 - c. No other funds for the commercial company will be paid to the course director, faculty, authors, planners, or others involved with the CME activity (additional Honoraria, extra social events, etc.).

The Company (commercial supporter) agrees to abide by all requirements of the ACCME's **Standards for Commercial Support of Continuing Medical Education** (www.accme.org).

The Accredited Provider/Joint Provider agree to: 1) abide by the ACCME's Accreditation Requirements, Policies and Standards for Commercial Support (SCS); 2) acknowledge educational support from the commercial company in program brochures, syllabi, and other program materials; 3) upon request, furnish the commercial supporter a report concerning the expenditure of the funds provided; and 4) supply a copy of a report concerning the expenditure of the funds provided (if the activity is jointly-provided).

Must be completed and signed before reviewed	
AGREED	
Commercial Company Representative (print name) _____	
Signature _____	Date _____
Course Director (print name) _____	
Signature _____	Date _____

To be completed by the Joint Provider (if Applicable):

CME Department Director or Designee (print name) _____

Signature _____ Date _____

To be completed by the Chicago Medical Society:

CME Department Director or Designee (print name): _____

Signature _____ Date _____