Continuing Medical Education Advisory Panel
*Commercial Grant Letter of Agreement for Continuing Medical Education*

Regarding Terms, Conditions and Purposes of an Educational Grant, between the **Pennsylvania Medical Society** located at 400 Winding Creek Blvd., Mechanicsburg, PA 17050, accredited provider, Click or tap here to enter text.,
joint-provider, Click or tap here to enter text. and Click or tap here to enter text., commercial supporter/company.

Title of CME Activity: Click or tap here to enter text.

Date(s): Click or tap here to enter text. Location: Click or tap here to enter text.

Commercial Supporter (Company Name/Branch): Click or tap here to enter text.

Address: Click or tap here to enter text.

Telephone: Click or tap here to enter text. Email: Click or tap here to enter text.

Contact Person: Click or tap here to enter text.

Joint Provider (if applicable): Click or tap here to enter text.

Address: Click or tap here to enter text.

Telephone: Click or tap here to enter text. Email: Click or tap here to enter text.

Contact Person: Click or tap here to enter text.

The above commercial supporter wishes to provide support for the named continuing medical education activity by means of which of the following options: (please indicate which option)

[ ]  1. Educational grant for support of the CME activity in the amount of $

[ ]  2. Educational grant to reimburse expenses for (choose one):

[ ]  A. Speaker(s): 1) Click or tap here to enter text. 2) Click or tap here to enter text.

 To be included: [ ]  All Expenses [ ]  Travel Only [ ]  Honoraria Only

 Honorarium Amount (to be determined by Program Director): $ Click or tap here to enter text.

[ ]  B. Support for catering functions (specify) Click or tap here to enter text. amount $ Click or tap here to enter text.

[ ]  3. In-kind: (equipment loan, materials, brochure distribution, etc.) Describe value: Click or tap here to enter text.

Any qualifications put on grant money for a CME program **must** be defined by the Program Director and may not be a requirement from the Commercial Support for the granting of the funds.

— ACCME and Pennsylvania Medical Society Standards for Integrity and Independence policy.

Conditions

1. **Statement of Purpose:** activity is for scientific and educational purposes only, and will not promote the company’s products, directly or indirectly.
2. **Control of Content and Selection of Presenters and Moderators:** the provider and/or joint provider is ultimately responsible for control of content and selection of presenters and moderators.
3. **Disclosure of Financial Relationships:** the provider and joint provider will ensure disclosure to the audience of (a) company funding and (b) any significant relationship between the provider 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. The provider or joint provider will be responsible for preparing learning objectives which will be submitted to the presenter, or may approve the speaker’s objectives after committee review.

*(Please sign the back of this form)*

1. **Ancillary Promotional Activities:** no promotional activities or product advertisements will be permitted in the same room or obligate path of the educational activity within 30 minutes prior to the start of a CME activity and/or within 30 minutes of the conclusion of the CME activity.
2. **Objectivity and Balance:** the provider and joint provider 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.
3. **Limitations of Data:** the provider and joint provider will ensure, to the extent possible, disclosure of limitations of data, e.g., ongoing research, interim analysis, preliminary data, or unsupported opinion.
4. **Discussion of Unapproved Uses:** the provider and joint provider will require that presenters disclose when a product is not approved in the United States for the use under discussion.
5. **Opportunities for Debate:** the provider and joint provider will ensure opportunities for questioning or scientific debate.
6. **Independence of Provider in the Use of Contributed Funds:**
7. Funds should be in the form of an educational grant made payable to the **Pennsylvania Medical Society**(**PAMED may be substituted with joint provider’s name**).
8. 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 accredited provider.
9. No other funds from the commercial company will be paid to the program director, faculty, or others involved with the CME activity (additional honoraria, extra social events, etc.).

The Commercial Supporter agrees to abide by all requirements of the ACCME Standards for Integrity and Independence in Continuing Medical Education. The Provider and Joint Provider agrees to 1) acknowledge educational support from the commercial company in activity brochures, syllabi, and other program materials, and 2) upon request, furnish the commercial supporter a report concerning the expenditure of the funds provided.

Agreed

Commercial Company Representative (name): Click or tap here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap here to enter text.

Accredited CME Provider Representative (name): Click or tap here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap here to enter text.

Joint-Provider Representative (name): Click or tap here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap here to enter text.

Please return the signed form to PAMED’s CME department by email CMEAdmin@pamedsoc.org,
fax (855) 719-0497 or mail to Pennsylvania Medical Society, Attn: CME Dept., 400 Winding Creek Blvd., Mechanicsburg, PA 17050.

FOR PROVIDER USE ONLY

Please indicate how commercial support was disclosed to the audience:

[ ]  Printed in the brochure or announcement of activity [ ]  Announced verbally to audience during the activity

[ ]  Placed on flipchart or chalk board in front of audience [ ]  Other (please specify) Click or tap here to enter text.