



**CONTINUING MEDICAL EDUCATION
LETTER OF AGREEMENT FOR COMMERCIAL SUPPORT**

The CAMC Health Education and Research Institute is committed to presenting CME activities that promote improvements or quality in healthcare and are independent of the control of commercial interests. As part of this commitment, CAMC Institute CME program has outlined in this written agreement the terms, condition, and purposes of commercial support for its CME activities. Commercial Support is defined as financial or in-kind contributions given by a commercial interest, which is used to pay all or part of the costs of a CME activity.

TO BE COMPLETED BY PROVIDER

Title of CME Activity _____

Activity Location _____ Activity Date _____

Name of Commercial Interest _____

Amount of Educational Grant _____
(direct or in-kind)

Grant will be used for the following:

Speaker Honoraria	Speaker Expenses (itemize)	Meeting Expenses (itemize)	Other (list)

Terms, Conditions, and Purposes

Independence

1. This activity is for scientific and educational purposes only and will not promote any specific proprietary business interest of the Commercial Interest.
2. The Accredited Provider will make all decisions regarding the identification of educational needs, determination of educational objectives, selection and presentation of content, selection of all persons and organization that will be in a position to control the content of the CME, selection of education methods, and the evaluation of the activity.

Appropriate Use of Commercial Support

3. The Accredited Provider will make all decisions regarding the disposition and disbursement of the funds from the Commercial Interest.
4. The Commercial Interest will not require the Accredited Provider to accept advice or services concerning teachers, authors, or participants or other education matters, including content, as conditions of receiving this grant.
5. All commercial support associated with this activity will be given with the full knowledge and approval of the Accredited Provider. No other payments shall be given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved with the supported activity.
6. The Accredited Provider will upon request, furnish the Commercial Interest documentation detailing the receipt and expenditure of the commercial support.

Commercial Promotion

7. Product-promotion material or product-specific advertisement of any type is prohibited in or during the CME activity. The juxtaposition of editorial and advertising material on the same products or subjects is not allowed. Live or enduring promotional activities must be kept separate from the CME activity. Promotional materials cannot be displayed or distributed in the education space immediately before, during or after a CME activity. Commercial Interests may not engage in sales or promotional activities while in the space or place of the CME activity.
8. The Commercial Interest may not be the agent providing the CME activity to the learners.

Disclosure

- 9. The Accredited Provider will ensure that the source of support from the Commercial Interest, either direct or “in-kind,” is disclosed to the participants, in program brochures, syllabi, and other program materials, and at the time of the activity. This disclosure will not include the use of a trade name or a product-group message. The acknowledgment of commercial support may state the name, mission, and clinical involvement of the company or institution and may include corporate logos and slogans, if they are not product promotional in nature.

The Commercial Supporter and CAMC Institute CME program agree to abide by all requirements of the Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support of Continuing Medical Education.

Name of Accredited Provider _____

Tax ID Number _____
Contact Person _____ Email Address _____
Phone Number _____ Fax Number _____

Educational Partner (if applicable) _____

Tax ID Number _____
Contact Person _____ Email Address _____
Phone Number _____ Fax Number _____

Name of Commercial Interest

Address _____
City, State, Zip _____
Contact Person _____ Email Address _____
Phone Number _____ Fax Number _____

Agreed by Authorized Representatives

Commercial Interest

Signature and Date

Print Name

Title

Accredited Provider

Signature and Date

Print Name

Title

Educational Partner (if applicable)

Signature and Date

Print Name

Title

The ACCME defines a Commercial Interest as any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies. The ACCME does not consider providers of clinical service directly to patients to be commercial interest.

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