

MOUNT CARMEL HEALTH SYSTEM LETTER OF AGREEMENT

Mount Carmel Health System has outlined in this written agreement the terms, conditions, and purposes of commercial support for its Continuing Medical Education (CME) activities. Commercial Support is defined as financial or in-kind contributions given by a commercial interest, which are used to pay all or part of the costs of a CME activity.

CME Activity Title _____
Speaker/s _____
Date & Time _____ CME Hours _____
Name of Commercial Interest _____

The undersigned will be responsible for the provision of:

Educational grant \$ Exhibit Fee \$ Other (list)

Please make check payable to: Mount Carmel Health System

Terms, Conditions, and Purpose

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 is responsible for all decisions regarding the identification of educational needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME activity, selection of educational 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, participants, or education matters, including content, such 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, 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 & Exhibits

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 permitted. Live or enduring promotional activities must be kept separate from the CME activity. Promotional materials cannot be displayed or distributed in the educational 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. Exhibit placement will be selected by the accredited provider and may not be a condition of the provision of commercial support.
8. The commercial interest may not be the agent providing the CME activities 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 activity brochures, syllabi, and other activity materials at the time of the activity. This disclosure will not include the use of a trade name or a product-group message. The acknowledgement of commercial support will include 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.

SIGNATURES

The commercial interest and Mount Carmel agree to abide by all requirements of the Accreditation Council for Continuing Medical Education's (ACCME) Standards for Commercial Support.

Name of Accredited Provider _____

Tax ID Number _____ Email Address _____
Contact Person _____ Fax Number (614) 234-2772
Phone Number _____

Name of Commercial Interest _____

Representative's Name _____ Email Address _____
Address _____ Fax Number _____
City/State/Zip _____ Phone Number _____

Joint Sponsor (If applicable) _____

Tax ID Number _____ Email Address _____
Contact Person _____ Fax Number _____
Address _____ Phone Number _____
City/State/Zip _____

AGREED BY AUTHORIZED REPRESENTATIVES

Accredited Provider

Signature

Print Name

Title

Date

Commercial Interest

Signature

Print Name

Title

Date

Joint Sponsor (If applicable)

Signature

Print Name

Title

Date

If applicable, permission is granted for non-accredited entity to pay honoraria and other out-of-pocket expenses.

Signature of accredited provider