

CHICAGO MEDICAL SOCIETY
LETTER OF AGREEMENT
(Must be typed or printed legibly)

Terms, Conditions and Purposes of an Educational Grant

Between Chicago Medical Society (Accredited Sponsor), _____ (Joint Sponsor)

and _____ (Company providing commercial support)

Title of CME Activity _____

Location _____ Date(s) _____

Commercial Supporter (Company name) _____

Address _____

City, State Zip _____

Telephone _____ Fax _____ Contact Person _____

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

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

2. Restricted grant to reimburse expenses for:

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

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

1. **Statement of Purpose:** Program is for educational purposes only and will not promote the company's products, directly or indirectly.
2. **Control of Content & Selection of Presenters & Moderators:** Sponsor is responsible for control of content and selection of presenters and moderators. The Company agrees not to direct the content of the program. The Company, or its agents, will respond only to Sponsor-initiated requests for suggestions of presenters or sources of possible presenters. The 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 meaningful disclosure to the audience, at the time of the program, 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 direction of content by the Company or its agents.
5. **Ancillary Promotional Activities:** No promotional activities will be permitted in the same room or obligate 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 on Data:** Sponsor will ensure, to the extent possible, meaningful disclosure of limitations on 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 meaningful opportunities for questioning or scientific debate.

10. **Independence of Sponsor in the use of Contributed Funds:** Please complete

- a. Funds should be in the form of an educational grant made payable to _____ (accredited sponsor or joint sponsor).
- b. All other support associated with this CME activity (e.g., distributing brochures, preparing slides, etc.) must be given with the full knowledge and approval of Chicago Medical Society and _____ (joint sponsor).
- c. No other funds from the commercial company will be paid to the course director, faculty, or others involved with the CME activity (additional Honoraria, extra social events, etc.).

The Commercial Supporter agrees to abide all requirements of the ACCME *Standards for Commercial Support of Continuing Medical Education* (available upon request).

The Accredited/Joint Sponsor agree to: 1) abide by the ACCME *Standards for Commercial Support of Continuing Medical Education*; 2) acknowledge educational support from the commercial company in program brochures, syllabi, and other program materials, and 3) upon request, furnish the commercial supporter a report concerning the expenditure of the funds provided. 4) Supply a copy of a report concerning the expenditure of the funds provided if joint sponsored activity.

Must be completed + signed before reviewed
AGREED

Commercial Company Representative (name) _____

Signature _____ Date _____

Course Director (name) _____ Dept _____

Signature _____ Date _____

To be completed by the Chicago Medical Society

CME Department Director or Designee (name) _____

Signature _____ Date _____