

**SAINT MARY'S HOSPITAL  
CONTINUING MEDICAL EDUCATION  
WRITTEN LETTER OF AGREEMENT**

Saint Mary's Hospital is committed to presenting CME activities that promote improvements or quality in health care and are independent of the control of commercial interests. As part of this commitment, Saint Mary's Hospital has outlined in this written agreement the terms, conditions and purposes of commercial support for its CME activities. Commercial Support is defined as financial or in-kind contributions given by a Commercial Interest (defined by the ACCME as any proprietary entity producing health care goods or services with the exemption of non-profit or government organizations and non-health related companies) which is used to pay all or part of the costs of a CME activity.

PROGRAM TITLE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

ACTIVITY DATE: \_\_\_\_\_

COMMERICAL INTEREST/  
COMPANY NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

DATE: \_\_\_\_\_

**GRANTING OF EDUCATIONAL SUPPORT BY COMMERCIAL SOURCE**

The above named company wishes to provide the following education grant (direct or in-kind) in support of the above CME activity in the amount of:

Grant will be used for the following: **(ITEMIZE)**

SPEAKER HONORARIA	TRAVEL	MEETING EXPENSES	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 is responsible for all decisions regarding the identification of educational needs, determination of education 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, 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 the 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 announcements and at the time of the activity. This disclosure will not include the use of a trade name or 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 Saint Mary’s Hospital 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: SAINT MARY’S HOSPITAL**

CONTACT PERSON: <u>Joanne Calandrino</u>	
TAX NUMBER: _____	
ADDRESS: <u>56 Franklin St</u>	
CITY: <u>Waterbury,</u>	STATE: <u>CT</u> ZIP: <u>06706</u>
TELEPHONE: <u>(203)709-3518</u>	FAX: <u>(203) 709-8685</u>
E-MAIL: <u>jc0908@stmh.org</u>	

**AGREEMENT BY AUTHORIZED REPRESENTATIVES**

<b>COMMERICAL INTEREST</b>	<b>ACCREDITED PROVIDER</b>
SIGNATURE	SIGNATURE
PRINT NAME	PRINT NAME
TITLE	TITLE
DATE	DATE