

**The Ohio State University Center for Continuing Medical Education  
Letter of Agreement**

**Between  
The Ohio State University Wexner Medical Center  
and**

**Company Name:** \_\_\_\_\_  
*(Company Providing Grant)*

**In Support of** \_\_\_\_\_ **on** \_\_\_\_\_  
*(CME Activity Name) (Date of Activity)*

**at** \_\_\_\_\_  
*(Location of Activity)*

The above company has agreed to provide an educational grant in the amount of \$ \_\_\_\_\_  
in support of the above named continuing medical education activity.

Checks should be made payable to: **The Ohio State University**. Please use tax ID: **31-6025986**.

Company Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

The Commercial Supporter and The Ohio State University Center for Continuing Medical Education agree to abide by all requirements of the Accreditation Council for Continuing Medical Education (ACCME) ***Standards for Commercial Support of Continuing Medical Education***.

**Terms, Conditions, and Purposes**

**Independence:**

This activity is for scientific and educational purposes only and will not promote any specific proprietary business interest of the Commercial Supporter.

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, selection of education methods, and the evaluation of the activity.

*(Terms, Conditions, and Purposes continue on page 2)*

**Appropriate Use of Commercial Support:**

The Accredited Provider will make all decisions regarding the disposition and disbursement of the support from the Commercial Supporter.

The Commercial Supporter 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.

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.

The Accredited Provider will upon written request, furnish the Commercial Supporter documentation of the expenditure of the commercial support for the specified activity of this agreement only.

**Commercial Promotion:**

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. The Commercial Supporter may not engage in sales or promotional activities while in the space or place of the CME activity.

The Commercial Supporter may not be the agent providing the CME activity to the learners.

The Commercial Supporter may not have access for any reason to the list of registrants or attendees at the educational activity.

**Disclosure:**

The Accredited Provider will ensure that support from the Commercial Supporter, 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 if it is not product promotional in nature.

**Conflict of Interest:**

The Accredited Provider has a Conflict of Interest policy in compliance with ACCME Standards of Commercial Support of Continuing Medical Education in order to assure independence of content and lack of commercial or other bias in the educational activity.

**Authorized Company Representative:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Center for Continuing Medical Education Director or Designee:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

David McQuaid, FACHE,  
CEO of the OSU Health System  
COO OSU Wexner Medical Center