

**RIVERSIDE METHODIST HOSPITAL'S  
COMMERCIAL SUPPORT  
LETTER OF AGREEMENT**

*Regarding Terms, Conditions and Purposes of an Educational Grant*

between Riverside Methodist Hospital and \_\_\_\_\_  
(Institution) (Company)

**Title of CME:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Commercial Supporter:** \_\_\_\_\_

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

**City/State/Zip:** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

The above company wishes to provide support for the named CME (continuing medical 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 CME Manager) \$ \_\_\_\_\_

B. Support for catering functions (specify) \_\_\_\_\_

C. Other (e.g., equipment loan, brochure distribution, etc.) \_\_\_\_\_

**CONDITIONS**

1. **Statement of purpose:** activity is for scientific and educational purposes only and will not promote the company's products, directly or indirectly.
2. **Control of Content & Selection of Presenters & Moderators:** sponsor is ultimately responsible for control of content and selection of presenters and moderators. The company agrees not to direct the content of the activity. Company, or its agents, will respond only to sponsor-initiated requests for suggestions of presenters or sources of possible presenters. 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 activity, 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 influences on 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 of Data:** sponsor will ensure, to the extent possible, meaningful disclosure of limitations on data, e.g., ongoing research, interim analysis, 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:**
  - a. funds should be in the form of an educational grant made payable to \_\_\_\_\_.
  - 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 Riverside Methodist Hospital (accredited sponsor).
  - c. no other funds from the commercial company will be paid to the program director, faculty, or others involved with the CME activity (additional honoraria, extra social events, etc.)

The Commercial Supporter agrees to abide by all requirements of the **OSMA STANDARDS** for *Commercial Support of Continuing Medical Education*.

The accredited Sponsor agrees to: 1) abide by the **OSMA 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.

**Agreed**

**Commercial Company Representative:** \_\_\_\_\_  
(Typed or Printed Name)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Course Director:** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**CME Department Director of Designee:** Leslie Lynch \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_