

<Insert name and logo of Accredited Provider>
WRITTEN AGREEMENT FOR COMMERCIAL SUPPORT

<Insert Accredited Provider Name> is committed to presenting CME activities that promote improvements or quality in healthcare and are independent of the control of commercial interests. As part of this commitment, <insert Accredited Provider Name> 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, which is used to pay all or part of the costs of a CME activity. A commercial interest is defined as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients, with the exemption of non-profit or government organizations and non-health care related companies. Providers of clinical service directly to patients are not considered to be commercial interests, unless the provider of clinical service is owned, or controlled by a commercial interest.

Title of CME Activity			
Activity Location		Activity Date	
Name of Commercial Interest			
Direct Commercial Support		In-kind (non-monetary) Commercial Support	
Amount of Educational Grant:		Indicate nature of support:	
		<input type="checkbox"/> durable equipment <input type="checkbox"/> facilities/space, <input type="checkbox"/> disposable supplies (non-biological), <input type="checkbox"/> animal parts or tissue, <input type="checkbox"/> human parts or tissue, <input type="checkbox"/> other – description required:	
Grant will be used for the following:			
Speaker Honoraria	Speaker Expenses (itemize)	Meeting Expenses (itemize)	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 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.

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 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.

Sample

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 program materials, and at the time of the activity. This disclosure must never include the use of a corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.

The Commercial Interest and *<Insert Accredited Provider Name>* agree to abide by all requirements of the Accreditation Council for Continuing Medical Education (ACCME) and Texas Medical Association (TMA) ***Standards for Commercial Support of Continuing Medical Education*** (appended).

Name of Accredited Provider

Tax ID Number

Contact Person

Phone Number

Email Address

Fax Number

Educational Partner (if applicable)

Contact Person

Phone Number

Tax ID Number

Email Address

Fax Number

Name of Commercial Interest

Address

City, State, Zip

Contact Person

Phone Number

Email Address

Fax Number

Agreed by Authorized Representatives

Commercial Interest

Signature and Date

Print Name

Title

Accredited Provider

Signature and Date

Print Name

Title

Educational Partner (If applicable)

Signature and Date

Print Name

Title

TMA offers this sample as a template for providers to use to document receipt of commercial support for a CME activity. This specific form is **not** required and will not guarantee a TMA finding of "compliance" for the Standards for Commercial Support.