



Written Agreement for Commercial Support

Rochester Academy of Medicine 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, RAoM 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 an ineligible company¹, which is used to pay all or part of the costs of a CME activity.

CME Activity Title			
Activity Location		Activity Date	
Name of Ineligible Company			
Amount of Commercial Support (direct or in-kind)	Direct Educational Support	In-Kind Support	

TERMS, CONDITIONS, AND PURPOSES

INDEPENDENCE

¹The ACCME defines an ineligible company as those whose primary business is producing, marketing, selling, re-selling or distributing healthcare products used by or on patients.

1. This activity is for scientific and educational purposes only and will not promote any specific proprietary business interest of the ineligible company.
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. Accredited Provider will make all decisions regarding disposition and disbursement of funds from the ineligible company.
4. The ineligible company must not pay directly for any of the expenses related to the education of the learners. The ineligible company 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 may use commercial support to fund honoraria or travel expenses of planners, faculty, and other in control of content for those roles only. The Accredited Provider must not use commercial support to pay for travel, lodging, honoraria, or personal expenses for individual learners or groups of learners in accredited education.
7. The Accredited Provider will upon request, furnish the ineligible company documentation detailing the receipt and expenditure of the commercial support.

COMMERCIAL PROMOTION

8. 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 in 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 ineligible company may not engage in sales or promotional activities while in the space or place of the CME activity.
9. The ineligible company may not be the agent providing the CME activity to the learners.

DISCLOSURE

10. The Accredited Provider will ensure that the source of support from the ineligible company, 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 may not include the ineligible companies’ corporate or produce logos, trade names, or product group messages.

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The Ineligible Company and Rochester Academy of Medicine agree to abide by all requirements of the Accreditation Council of Continuing Medical Education (ACCME) Standards for Integrity and Independence in Continuing Education.

Name of Accredited Provider	Rochester Academy of Medicine		
Tax ID Number		Phone Number	
Contact Person			
Email Address			

Educational Partner			
Tax ID Number		Phone Number	
Contact Person			
Email Address			
Name of Ineligible Company			
Address			
City, State, Zip			
Contact Person		Phone Number	
Email Address			

AGREED BY AUTHORIZED REPRESENTATIVES

INELIGIBLE COMPANY

ACCREDITED PROVIDER

Signature and Date

Signature and Date

Print Name

Print Name

Title

Title