



Continuing Medical Education

LETTER OF AGREEMENT

The Letter of Agreement (LOA) must be signed by the commercial supporter prior to the program.

Norton Healthcare is committed to providing quality continuing medical education programs that are independent of the control of commercial interests. The Letter of Agreement will ensure that all parties will adhere to the “**Standards of Commercial Support**” developed by the Accreditation Council for Continuing Medical Education (ACCME); additional conditions have been included to ensure a clear interpretation of the guidelines.

We thank you for your support and look forward to working with you!

Activity/Provider

Title of CME Activity: [Click here to enter text.](#)

Date of Activity: [Click here to enter a date.](#)

Location of Activity: [Click here to enter text.](#)

Accredited Provider: [Norton Healthcare](#)

Tax ID: [61-1028725](#)

Phone: [\(502\) 446-5955](#)

Email: cme@nortonhealthcare.org

Commercial Supporter

Name of Commercial Supporter: [Click here to enter text.](#)

Commercial Supporter Contact Name: [Click here to enter text.](#)

Email Address: [Click here to enter text.](#)

Phone: [Click here to enter text.](#)

Type of Participation *(Please select all that apply)*

Amount of Educational Grant / Support \$ [Click here to enter text.](#)

Funds will be used for the following: Speaker travel /expenses Honorarium

Meeting Expenses: [Click here to enter text.](#) Other : [Click here to enter text.](#)

Please specify

Please specify

In-kind: [Click here to enter text.](#)

Please specify

\$[Click here to enter text.](#)

Value

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 appearance 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.

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 will not include the use of a trade name, logo or a product-group message. The acknowledgment of commercial support may state the name, mission, and clinical involvement of the company or institution.

The Commercial Supporter and Norton Healthcare agree to abide by all requirements of the Accreditation Council for Continuing Medical Education (ACCME) ***Standards for Commercial Support of Continuing Medical Education*** (appended). I understand and agree to adhere to the "Standards of Commercial Support."

Agreed by Authorized Representatives

Commercial Interest*

Print Name [Click here to enter text.](#) Signature _____ Date _____

* A *commercial interest* is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

Accredited Provider

Print Name [Click here to enter text.](#) Signature _____ Date _____

Joint Provider (if applicable)

Print Name [Click here to enter text.](#) Signature _____ Date _____