

Drexel University College of Medicine

LETTER OF AGREEMENT
For ACCME Accredited CME Activities
Regarding Terms, Conditions and Purposes of an Educational Grant
(Form must be typed or printed legibly)

Between Drexel University College of Medicine
Accredited Provider Joint Provider, if applicable

and _____
Name of Company/ Commercial Supporter

Title of CME Activity _____

Activity Location _____ Activity Date(s) _____

Commercial Supporter (Company Name/Branch) _____

Address _____

City/State/Zip _____

Contact Person _____ Telephone _____

E-mail Address _____ Fax _____

The above Company wishes to provide an educational grant for support of this CME activity in the amount of \$ _____

Accredited Provider: Drexel University College of Medicine
Address: Office of Continuing Medical Education
2900 Queen Lane ■ Building K., Suite 118 ■ Philadelphia, PA 19129
Contact: Angelina Ditri, Director Phone: 215-991-8876

CONDITIONS

1. **Statement of Purpose:** This CME program 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:** Drexel University College of Medicine is ultimately responsible for the control of content and selection of presenters and moderators. The Company and its agents agree that the Accredited Provider is solely responsible for the control of content and selection of presenters. The company cannot recommend speakers.
3. **Disclosure of Relevant Financial Relationships:** Drexel University College of Medicine will ensure disclosure to the audience of (a) ineligible Company funding, (b) the relevant financial relationships of the individual speakers/moderators and (c) any significant relationship between DU and the Company (e.g., grant recipient).
4. **Ancillary Promotional Activities:** No promotional activities will be permitted in the same room as the educational activity. No product advertisements will be permitted in the program room or in any material disseminated as part of the program.
5. **Objectivity & Balance:** Drexel University College of Medicine 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.
6. **Limitations of Data:** Drexel University College of Medicine will ensure, to the extent possible, disclosure of limitations of data, e.g., ongoing research, interim analyses, preliminary data, or unsupported opinion.
7. **Discussion of Unapproved Uses:** Drexel University College of Medicine will require that presenters disclose when a product is not approved in the United States for the use under discussion.
8. **Opportunities for Debate:** Drexel University College of Medicine will ensure opportunities for questioning or scientific debate.

9. Independence of Drexel University in the use of Contributed Funds:

- a. Financial support of the activity must be in the form of an educational grant, made payable to the Office of Continuing Medical Education, Drexel University, Tax ID #23-1352630.
- b. All other support associated with this CME activity must be pre-approved by the Office of Continuing Medical Education.
- c. No funds from the Commercial Supporter will be paid to the program director, faculty, or others involved with the CME activity. No funds from the Commercial Supporter will be used to reimburse or defray the costs of traveling, or other personal expenses of non-faculty healthcare professionals attending continuing medical education activities, either directly or indirectly with the exception of financial assistance to medical students, residents, and fellows in training, provided the selection of these individuals is made by the Accredited Provider or the approved designee.

10. The **Commercial Supporter** agrees to abide by all requirements of the ACCME *Standards for Integrity and Independence in Accredited Continuing Education* (copy supplied upon request).

11. **Drexel University College of Medicine** to: 1) abide by the ACCME *Standards for Integrity and Independence in Accredited Continuing Education*; 2) acknowledge educational support from the Commercial Supporter in program brochures, syllabi, and other program materials; 3) upon request, furnish the Commercial Supporter with a financial report detailing program expenditures; 4) return educational grants due to cancellation of program. If the CME activity is rescheduled, the Accredited Provider may retain the funds to support the postponed activity.

As the Commercial Supporter, I agree to the conditions outlined in this Letter of Agreement

Representative of the Commercial Supporter _____

Signature _____ Date _____

As the Accredited Provider, I agree to the conditions outlined in this Letter of Agreement

Drexel University College of Medicine/Accredited Provider

Approved By: Office of Continuing Medical Education:

Signature _____ Date _____

Angelina Ditri, Director for Continuing Medical Education

Program Code _____