

## WRITTEN AGREEMENT FOR COMMERCIAL SUPPORT OF CONTINUING MEDICAL EDUCATION

This agreement sets forth the terms and conditions of the receipt of Commercial Support (“Support”) relating to accredited continuing medical education activities provided by **Denver Health Office of Education** (“Provider”) and in accordance with criteria and policies of the Accreditation Council for Continuing Medical Education (“ACCME”), including the **ACCME Standards for Integrity and Independence in Accredited Continuing Education**. Commercial support is defined as financial, or in-kind contributions from ineligible companies which is used to pay all or part of the costs for a CME activity.

**Activity Title:**

**Activity Location:**

**Activity Date(s):**

**Name of Ineligible Company:**

**Type of Commercial Support:**

**In-kind** (Itemize: Equipment, Animal Parts or Tissue, Human Parts or Tissue, Disposable Supplies, etc.)  
\_\_\_\_\_

**Monetary** (List USD amount) \_\_\_\_\_

**Other** (Describe) \_\_\_\_\_

**Support to be used for the following:**

**Speaker Honoraria**     **Speaker Expenses** (Itemize) \_\_\_\_\_

**Meeting Expenses** (Itemize) \_\_\_\_\_

**Other** (List) \_\_\_\_\_

### **Terms, Conditions and Purposes**

1. The **Ineligible Company** and the **Provider** agree to abide by all requirements of the Accreditation Council for Continuing Medical Education (ACCME) **Standards for Commercial Support of Continuing Education**.
2. This activity is for scientific and educational purposes only and will not promote any specific proprietary business interest in the ineligible company.
3. The **Provider** has full and complete control over all aspects of the accredited activity, including but not limited to, the planning and execution of the accredited activity, the responsibility 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 content, selection of education methods, and the evaluation of the accredited activity.

4. The **Provider** will make all decisions regarding the disposition and disbursement of the funds from the Ineligible Company.
5. The **Ineligible Company** will not require the **Provider** to accept advice or services concerning faculty, authors, or participants or other education matters, including content, as conditions of receiving this Support.
6. All Support associated with this accredited activity will be given with the full knowledge and approval of the **Provider**. No other payments shall be given to the director of the activity, planning committee members, authors, joint providers, or any others involved with the supported activity.
7. All honoraria provided to planners and faculty will conform to the **Provider's** Policy on Honoraria and will be disbursed to those persons directly by the **Provider** on behalf of the **Provider**.
8. Product-promotion material or product-specific advertisement of any type is prohibited in or during the accredited 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 accredited activity. Promotional materials cannot be displayed or distributed in the education space immediately before, during or after an accredited activity. The **Ineligible Company** may not engage in sales or promotional activities while in the space or place of the accredited activity.
9. The Ineligible Company may not be the agent providing the CE activity to the learners.
10. The **Provider** will ensure that the source of support from the **Ineligible Company**, either direct or "in-kind," is disclosed to the learners, in program brochures, syllabi, and other program materials, and at the time of the accredited activity. This disclosure will not include the use of a trade name or a product-group message. The acknowledgment of Support may state the name, mission, and clinical involvement of the company or institution and may not include corporate logos and slogans.
11. The **Provider** will, upon request, furnish the **Ineligible Company** with documentation detailing the receipt and expenditure of the Support. The **Provider** agrees that the Support will be used only for the support for the defined CE activity and shall return to the **Ineligible Company** any funds that are not used for that purpose.

**Please complete and return all pages to the Provider:**

**Name of Accredited Provider:** Denver Health Hospital Authority

**Tax ID Number:** 84-1343242

**Contact Person:** Sydney Janecke

**Phone Number:** 303-602-4979

**Email Address:** Sydney.Janecke@dhha.org

**Name of Ineligible Company:**

**Tax ID Number:**

**Contact Person:**

**Phone Number:**

**Email Address:**

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## Agreed by Authorized Representatives

**PROVIDER: DENVER HEALTH**

**INELGIBLE COMPANY:**

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

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title