

Program Code: \_\_\_\_\_

**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 Sponsor

and \_\_\_\_\_ (Commercial Supporter)  
Name of Company

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 \$ \_\_\_\_\_

Funds are to be used for the following:

- Unrestricted educational grant  
 Restricted educational grant to cover expenses for:

A. Speaker(s) 1) \_\_\_\_\_ 2) \_\_\_\_\_

- Honorarium only (amount determined by Program Director in accordance with honorarium policy) \$ \_\_\_\_\_  
 All expenses  
 Travel only

B. Support for catering functions (specify) \_\_\_\_\_ in the amount of \$ \_\_\_\_\_

C. Other (e.g., equipment rental, printing, brochure distribution, etc.) \_\_\_\_\_

\_\_\_\_\_

Accredited Provider: Drexel University College of Medicine  
Address: Office of Continuing Medical Education  
1427 Vine Street ■ Room 405 ■ Mail Stop 1013 ■ Philadelphia, PA 19102  
Contact: Cynthia Johnson, Assistant Dean Phone: 215-762-2580 ■ Fax: 215-762-2589

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 (DUCOM) 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 or its agents will respond only to DUCOM initiated requests for suggestions of presenters or sources of possible presenters. The Company will suggest more than one name (if possible); will provide speakers' qualifications; will disclose financial or other relationships between Company and speakers; and will provide this information in writing. DUCOM will record the role of the Company, or its agents, in suggesting presenter(s); will seek suggestions from other sources; and will make selection of presenter(s) based on balance and independence.

3. **Disclosure of Financial Relationships:** DUCOM will ensure disclosure to the audience of (a) Company funding, (b) the commercial relationships of the individual speakers/moderators and (c) any significant relationship between DUCOM 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:** DUCOM 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:** DUCOM 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:** DUCOM will require that presenters disclose when a product is not approved in the United States for the use under discussion.

8. **Opportunities for Debate:** DUCOM will ensure opportunities for questioning or scientific debate.

9. **Independence of Drexel University College of Medicine 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 College of Medicine, Tax ID #23-2979433.
- b. All other support associated with this CME activity must be pre-approved by the Office of Continuing Medical Education, DUCOM.
- c. No additional funds from the commercial company will be paid to the program director, faculty, or others involved with the CME activity (additional honoraria, extra social events, activity refreshments/meals, etc.) 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, fellows and other healthcare professionals 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 Commercial Support of Continuing Medical Education* (copy supplied upon request).

11. **Drexel University College of Medicine** agrees to: 1) abide by the ACCME *Standards for Commercial Support of Continuing Medical Education*; 2) acknowledge educational support from the Commercial Company 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, Assistant Dean for Continuing Medical Education: Cynthia Johnson

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