

St. Jude Children's Research Hospital

COMPLIANCE AGREEMENT REGARDING COMMERCIAL SUPPORT RECEIVED FOR A CME ACTIVITY FORM

Commercial Support is financial, or in-kind, contributions given by a commercial interest which is used to pay all or part of the costs of a CME Activity. A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Non-profit, government organizations, and non-health care related companies are not considered a commercial interest. Compliance with the following standards, in cooperation with St. Jude Children's Research Hospital (Accredited Provider) and the Clinical Education & Training Office, is acknowledged

by (name of commercial interest) _____

for the use of its commercial support for the CME Activity checked below:

CME ACTIVITY INFORMATION

Name of Activity: _____

Date of Activity: _____

COMMERCIAL SUPPORTER INFORMATION

Commercial Supporter (Company Name/Organization): _____

Address: _____

Telephone: _____ Fax: _____

Contact person: _____

Name and title (e.g., MD, PhD) of person submitting form: _____

Email: _____

The above company/organization wishes to provide support for the named CME activity identified by type:

- ☐ Direct (funds given directly to the organization to support an identified activity)
- ☐ In kind (a donation of goods or services rather than cash or appreciated property that can be given a cash value)
- ☐ Unrestricted educational grant Amount: _____
- ☐ Meeting expense: Amount: _____ Category: _____
- ☐ Other: Additional information: _____
- Amount: _____ Purpose: _____

CONDITIONS

- Statement of Purpose:** Activity is for scientific and educational purposes only, and not promotion of any specific proprietary business interest of the commercial supporter.
- Control of Content and Selection of Presenters and Moderators:** The Accredited Provider is responsible for control of content and selection of presenters and moderators. If this is a joint providership, those persons identified as the meeting planners will be obligated to abide by the guidelines of the Accredited Provider. The Commercial Supporter will not be involved in the selection process of presenters and moderators, or decisions regarding the content of this CME activity.

3. **Disclosure of Financial Relationships:** The Accredited Provider will ensure disclosure information regarding relevant commercial interest is received by each person identified as a meeting planner, CME Committee Member, Speaker (this includes possible relationships the spouse/life partner may have) and any other person who is in the position to control content. This information will be shared with those persons in attendance of this CME activity.
4. **Involvement in Content:** There will be no "scripting," emphasis, or influence on content by the commercial supporter or its agents/employees.
5. **Ancillary Promotional Activities:** No promotional activities will be permitted in the same room or oblique path as the educational activity. No product advertisements will be permitted in the program room(s).
6. **Objectivity and Balance:** The Accredited Provider will make every effort to ensure that data is objectively selected and presented, with favorable and unfavorable information, and balanced discussion of prevailing information on the product and/or alternative treatments.
7. **Independence of Accredited Provider in the Use of Contributed Funds:**
 - a. Funds should be in the form of an educational grant made payable to **St. Jude Children's Research Hospital**.
 - b. The terms, conditions and purposes of the educational grant will be documented on this compliance form;
 - c. All support associated with this CME activity must be given with the full knowledge and approval of St. Jude Children's Research Hospital, Office of Clinical Education and Training/CME; and
 - d. No other funds from the commercial supporter will be paid to the program director, faculty, or others involved with the CME activity (e.g., additional honoraria, extra social events, etc.).

The Commercial Supporter will comply with all conditions as stated.

The Accredited Provider will: 1) abide by the Essential Areas and Policies of the Accreditation Council for CME.; 2) acknowledge commercial support by either program brochures, syllabi, or other program materials, and 3) upon request, furnish the commercial supporter a report concerning the expenditure of the funds provided.

ACKNOWLEDGEMENT

Commercial Supporter (Company Name/Organization): _____

Signature: _____ Date: _____

For the Office of Clinical Education and Training/CME:

Name: _____ Title: _____

Signature: _____ Date: _____

If a display or an exhibit is involved, please provide the names of those attending this CME activity.

Name: _____ Phone: _____ Fax: _____

Name: _____ Phone: _____ Fax: _____

Name: _____ Phone: _____ Fax: _____

Clinical Education and Training Office
Continuing Medical Education