

LETTER OF AGREEMENT

Regarding Terms, Conditions and Purposes of a Grant

Between _____ and The Southern College Health Association Title of Activity _____ Location _____ Date(s): _____ Commercial Supporter (Company name/Branch): _____ Address: _____ City, State, Zip: _____ Telephone: _____ Fax: _____ E-mail: _____ Contact Person: _____ The above company wishes to provide support for the named by means of (indicate which option): 1. Unrestricted grant for support of the Educational/Health Promotion/Research Activity in the amount \$ _____ 2. Restricted grant to reimburse expenses for: Speaker(s) 1) _____ 2) _____ A. To include: __All Expenses __Travel Only __Honorarium Only Honorarium Amount (to be determined by Course Director) \$ _____ B. Support for catering functions (specify): _____ in the amount of \$ _____ C. Other (e.g., equipment, loan, brochure distribution, etc.): _____ _____
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CONDITIONS

1. **Statement of Purpose:** program is for scientific and educational purposes only and will not promote the company's products, directly or indirectly. This statement of purpose is to reflect the ACHA Guidelines for Corporate Relationships.
2. **Control of Content & Selection of Presenters & Moderators:** Sponsor is responsible for control of content and selection of presenters and moderators. The Company agrees not to direct the content of the program. The Company, or its agents will respond only Sponsor-initiated requests for suggestions of presenters or sources of possible presenters. The Company will suggest more than one name (if possible): will provide speaker qualifications: will disclose financial or other relationships between Company and speaker, and will provide this information in writing. Sponsor will record role of 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:** Sponsor will ensure meaningful disclosure to the audience, at the time of the program. (a) Company funding and b) any significant relationship between the Sponsor and the Company (e.g., grant recipient) or between individual speakers or moderators and the Company.

4. **Involvement in Content:** There will be no "scripting", emphasis, or direction of content by the Company or its agents.
5. **Ancillary Promotional Activities:** No promotional activities will be permitted in the same room or obligate path as the educational activity. No product advertisements will be permitted in the program room. No subsequent promotional activities will refer to ACHA.
6. **Objectivity & Balance:** Sponsor 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.
7. **Limitations on Data:** Sponsor will ensure, to the extent possible, meaningful disclosure of limitations on data, e.g., ongoing research, interim analyses, preliminary data, or unsupported opinion.
8. **Discussion of Unapproved Uses:** Sponsor will require that presenters disclose when a product is not approved in the United States for the use under discussion.
9. **Opportunities for Debate:** Sponsor will ensure meaningful opportunities for questioning or scientific debate.
10. **Independence of Sponsor in the use of Contributed Funds:**
- funds should be in the form of an educational grant made payable to _____.
 - all other support associated with this CME/CH activity (e.g., distributing brochures, preparing slides, etc.) must be given with full knowledge and approval of _____.
 - no other funds from the commercial company will be paid to the program director, faculty or others involved with the CME/CH activity (additional honoraria, extra social events, etc.).

The Commercial Supporter agrees to abide by all requirements of the ACCME Standards for Commercial Support of Continuing Medical Education and the ANCC Standards for Commercial Support of Continuing Nursing Education (appended).

The Accredited Sponsor agrees to: 1) abide by the ACCME Standards for Commercial Support of Continuing Medical Education, 2) abide by the ANCC Standards for Commercial Support of Continuing Nursing Education, 3) acknowledge educational support from the commercial company in program brochures, syllabi, and other program materials, and 4) upon request, furnish the commercial supporter a report concerning the expenditure of the funds provided.

AGREED

Corporate Representative (name) _____

Signature _____ Date: _____

ACHA Representative (name) _____

Signature _____ Date: _____