



**Nicklaus Children's Hospital is committed to presenting CME activities that promote improvements or quality in healthcare and are independent of the control of commercial interests. As part of this commitment, Nicklaus Children's Hospital has outlined in this written agreement the terms, conditions, and purposes of commercial support for its CME activities. Commercial Support is defined as financial, or in-kind, contributions given by a commercial interest<sup>1</sup>, which is used to pay all or part of the costs of a CME activity.**

<b>Title of CME Activity</b>		<b>Name of Activity</b>	
<b>Activity Location</b>		<b>Location</b>	<b>Activity Date</b>
<b>Name of Commercial Interest</b>		<b>Company Name</b>	
<b>Amount of Educational Grant (direct or in-kind)</b>		<b>Amount</b>	
<b>Grant will be used for the following:</b>			
<b>Speaker Honoraria</b>	<b>Speaker Expenses</b>	<b>Meeting Expenses</b>	<b>Other (list)</b>
<b>Amount</b>	<b>Amount</b>	<b>Amount</b>	

**Terms, Conditions, and Purposes**

**Independence**

1. This activity is for scientific and educational purposes only and will not promote any specific proprietary business interest of the Commercial Supporter.
2. Nicklaus Children's Hospital is responsible 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 the content of the CME, selection of education methods, and the evaluation of the activity.

**Appropriate Use of Commercial Support**

3. Nicklaus Children's Hospital will make all decisions regarding the disposition and disbursement of the funds from the Commercial Supporter.
4. The Commercial Company will not require Nicklaus Children's Hospital to accept advice or services concerning teachers, authors, or participants or other education matters, including content, as conditions of receiving this grant.
5. All commercial support associated with this activity will be given with the full knowledge and approval of Nicklaus Children's Hospital. No other payments shall be given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved with the supported activity.
6. Nicklaus Children's Hospital will upon request, furnish the Commercial Company documentation detailing the receipt and expenditure of the commercial support.

**Commercial Promotion**

7. Product-promotion material or product-specific advertisement of any type is prohibited in or during the CME 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 CME activity. Promotional materials cannot be displayed or distributed in the education space immediately before, during or after a CME activity. Commercial Companies may not engage in sales or promotional activities while in the space or place of the CME activity.
8. The Commercial Company may not be the agent providing the CME activity to the learners.

**Disclosure**

9. Nicklaus Children’s Hospital will ensure that the source of support from the Commercial Company, either direct or “in-kind,” is disclosed to the participants, in program brochures, syllabi, and other program materials, and at the time of the activity. This disclosure will not include the use of a trade name or a product-group message. The acknowledgment of commercial support may state the name, mission, and clinical involvement of the company or institution and may NOT include corporate logos and slogans, if they are not product promotional in nature.

The Commercial Supporter and Nicklaus Children's Hospital agree to abide by all requirements of the Accreditation Council for Continuing Medical Education (ACCME) **Standards for Commercial Support of Continuing Medical Education** (appended).

**Nicklaus Children’s Hospital**

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**Educational Partner (if applicable)**

Contact Person	Email Address
Phone Number	Fax Number
Tax ID Number	

**Name of Commercial Supporter**

Address	
City, State, Zip	
Contact Person	Email Address
Phone Number	Fax Number

**Agreed by Authorized Representatives**

**Commercial Supporter**

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

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

\_\_\_\_\_  
Title

**Nicklaus Children's Hospital**

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

**Rani S Gereige, M.D., MPH**

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

**Chairman CME**

\_\_\_\_\_  
Title

**Educational Partner (If applicable)**

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

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

\_\_\_\_\_  
Title

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