

LETTER OF AGREEMENT FOR COMMERCIAL COMPANIES

HOWARD UNIVERSITY COLLEGE OF MEDICINE

OFFICE OF CONTINUING MEDICAL EDUCATION

520 W Street, N.W., Washington, DC 20059 - Voice: (202) 806-5620 Fax: (202) 483-6653

LETTER OF AGREEMENT (Type or print legibly. Complete, sign and return to (1) Program Chair, (2) CME Director) between Howard University College of Medicine, Office of CME and _____
*Commercial Company providing financial support)
in the use of funds contributed for continuing medical education activities.

Commercial Co. Address* _____ City, State, Zip* _____

Phone* _____ Fax* _____ Contact Person* _____ E-mail* _____

Program Title _____ Date(s) _____

Location (Facility) _____ City and State _____

The above company wishes to provide support for the above continuing education activity by means of (Check)

Educational grant in the amount of \$ _____ for support of the above CME activity.

1. Grand Rounds and other recurring educational activities must include a \$300 administrative fee.)
2. All honoraria and all travel expenses of the speaker(s), refreshments, breakfasts, luncheons, dinners, printing/posters, etc. (all expenses) planned for support of the activity must be included in the grant total.
3. This Letter of Agreement must be accompanied by a formal written request from the responsible/requesting University department or joint sponsor, that includes the itemized budget request.

In-Kind Support (specify) _____ Est. cost \$ _____

All support associated with this CME activity must be given with the full knowledge and approval of Howard University, Office of CME. No other funds from the commercial company will be paid to the program faculty, or others involved with the CME activity; e.g., additional honoraria, extra social events, etc.

CONDITIONS

1. **Statement of Purpose:** Program is for scientific and educational purposes only.
2. **Control of Content & Selection of Presenters & Moderators:** Howard University is solely responsible for control of content and selection of presenters and moderators
3. **Disclosure of Financial Relationships:** Howard University will ensure "meaningful disclosure" of speakers' relationships with commercial entities.
4. **Involvement in Content:** There will be no "scripting", emphasis, or influence on content by the company or its agents.
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.
6. **Objectivity & Balance:** Howard University will make every effort to ensure that data are objectively selected and presented, with favorable and unfavorable information and balance discussion of prevailing information on the product and/or alternative treatments.
7. **Limitations on Data:** Howard University will ensure, to the extent possible, meaningful disclosure of limitations on data; e.g., ongoing research, interim analysis, preliminary data, or unsupported opinion.
8. **Opportunities for Debate:** Howard University will ensure meaningful opportunities for questioning or scientific debate.
9. **Independence of Howard University in the Use of Contributed Funds:**
Funds for Regularly Scheduled Series/Grand Rounds, etc. should be made payable to Treasurer, Howard University, and sent to the Office of CME at the above address. (Tax exempt No. 53-0204707) Funds for jointly sponsored and other external/non-recurring activities by University departments are payable to those entities. (Letter of Transmittal available upon request.)

The Commercial Supporter agrees to abide by all requirements of the ACCME Standards for Commercial Support of Continuing Medical Education (available upon request).

Commercial Co. Representative (name) _____ Signature _____ Date _____

The Activity Director and Accredited Provider agree 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, and (3) upon request, furnish the commercial supporter a report concerning expenditure of the funds provided.

Activity Director (name) _____ Signature _____ Date _____

CME Director: Debra White-Coleman, M.D. Signature _____ Date _____