LETTER OF AGREEMENT Terms and Conditions of an Educational Grant CPME Standard 6.0

Appro	oved Provider:					
Joint I	Provider:					
=====			:======================================	:========		
Regard	ling the following CE Activity					
Meeting Name:						
Date and Location of Meeting:						
Comm	ercial Company Information					
	any Name:					
Addre	-					
Compa	ny Contact Name:					
Telephone:		Fax:	E-mail:			
<u> </u>						
This ac	ctivity is jointly provided by th	ne		, the CPME		
approved Provider, and the						
		joint P	rovider of continuing medical educa	ation.		
This grant will provide support for the above-named CE activity by means of:						
	Unrestricted Educational grant in the amount of \$					
Ш	omestricted Educational gi	ant in the amount of 5	_			
_	Cift in kind Grant (aguinma	nt loon) ¢	Value assigned should reflect rent	tal foo and		
			_value assigned should reflect rent rturned at the conclusion of the med			
	snipping and nandling only.	All equipment will be re	turned at the conclusion of the med	eung.		
	Please list equipment provided, include model name and quantity:					
	ricase list equipment provided, include model hame and quantity.					
Gift in-kind Grant (disposable materials/instruments, etc.) \$(Replace				nent Value)		
Please list type of disposable items and quantity:						
				-		

Conditions

Statement of Purpose

This activity is for scientific and educational purposes only. It will not promote the company's products, directly or indirectly.

Control of Content & Selection of Instructors and Moderators

Providers are solely responsible for all educational content and the selection of instructors and moderators. The *CPME Standards and Requirements for Approval of Providers of Continuing Education in Podiatric Medicine* requires that Providers conduct the program independently and without control or influence by the commercial company over the program's planning, content, or execution.

Disclosure of Financial Relationships

Providers will ensure meaningful disclosure to the audience, at the time of the program of ALL Company funding and any significant relationship between the Provider and the Company or between individual instructors or moderators and the Company.

Involvement in Content

There will be no "scripting," emphasis, or direction on content by the Company or its agents.

Ancillary Promotional Activities

No promotional activities will be permitted in the same room or vicinity before, during, or after the educational activity. No product advertisements will be permitted in the activity room.

Objectivity & Balance

Providers are required by our policy and the CPME Standards to ensure that the program be objective, balanced, and scientifically rigorous.

Limitation on Data

Providers will ensure, to the extent possible, meaningful disclosure of limitations on data (e.g., ongoing research, interim analyses, preliminary data, or unsupported opinion).

Discussion of Unapproved Uses

Instructors are required to disclose when <u>use of</u> a product is considered off-label or investigational.

Opportunities for Debate Instructors will ensure meaningful opportunities for questioning or scientific debate.

<u>Independence of Providers in the Use of Contributed Funds</u>

All funds and other support associated with this CE activity must be given with the full knowledge and approval of the Provider.

Funds should be in the form of an Unrestricted Educational Grant made payable to the provider responsible for the CE activity (the Provider or Joint Provider).

No other funds from the commercial interest will be paid to the program director, faculty, or others involved with the CE activity (additional honoraria, extra social events, etc.)

The Commercial Interest agrees to abide by all requirements of the CPME Standards.

The approved Provider and the joint Provider (if any) agree to:

- Comply with the CPME Standards and Requirements.
- Acknowledge the unrestricted educational support from the commercial interest in program brochures, syllabi, and other program materials.
- Upon request, furnish the commercial interest a report concerning the expenditure of the funds provided.

		:======================================
	AGREED	
Commercial Company:	Signature/Date	
	Print Name/Title	
Joint Provider:	Signature/Date	
	Print Name/Title	
Approved Provider:	Signature/Date	
	Print Name/Title	