

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

<b>Approved Provider:</b>		
<b>Joint Provider:</b>		
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<b><u>Regarding the following CE Activity</u></b>		
<b>Meeting Name:</b>		
<b>Date and Location of Meeting:</b>		
<b><u>Commercial Company Information</u></b>		
<b>Company Name:</b>		
<b>Address:</b>		
<b>Company Contact Name:</b>		
<b>Telephone:</b>	<b>Fax:</b>	<b>E-mail:</b>

This activity is jointly provided by the \_\_\_\_\_, the CPME approved Provider, and the \_\_\_\_\_ joint Provider of continuing medical education.

This grant will provide support for the above named CE activity by means of:

- Unrestricted Educational grant in the amount of \$ \_\_\_\_\_**
- Gift in-kind Grant (equipment loan) \$ \_\_\_\_\_** *Value assigned should reflect rental fee and shipping and handling only. All equipment will be returned at the conclusion of the meeting.*

Please list equipment provided, include model name and quantity:

\_\_\_\_\_

- Gift in-kind Grant (disposable materials/instruments, etc.) \$ \_\_\_\_\_** *(Replacement 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 use of a product is considered off-label or investigational.

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

**Independence of Providers in the Use of Contributed Funds**

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.

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**AGREED**

**Commercial Company:** \_\_\_\_\_ **Signature/Date** \_\_\_\_\_  
**Print Name/Title** \_\_\_\_\_

**Joint Provider:** \_\_\_\_\_ **Signature/Date** \_\_\_\_\_  
**Print Name/Title** \_\_\_\_\_

**Approved Provider:** \_\_\_\_\_ **Signature/Date** \_\_\_\_\_  
**Print Name/Title** \_\_\_\_\_