This Joint Provider Agreement is between (Name of Approved Provider) and (Name of Joint Provider) for the provision of awarding continuing podiatric medical education contact hours (CECH)/ Continuing Medical Education (CME) Credits for (Name of activity) on (Date of Activity and Location of the Activity).

**Joint Provider’s Responsibilities:**

The joint provider must submit the following materials to the provider **30 days before the start**

**date** of the continuing education activity:

• List of planning committee members and their completed disclosure forms

• List of instructors, professional qualifications, and their completed disclosure forms

• Evidence-based gap analysis

• Learning objectives for the overall activity

• Hourly schedule including times, lecture titles, and instructors

• Promotional materials for approval before distribution

• Signed unrestricted commercial interest agreements

• Blank evaluation form

The joint provider must submit the following materials to the provider **45 days after the last day** of the continuing education activity:

• Final hourly schedule

• Final activity materials/webpages

• Final attendance record of learners

• Evaluation summary

• Proof of faculty disclosure verification

As part of the Joint Provider Agreement, the (Name of Approved Provider) and (Name of Joint Provider) agree to the terms and conditions described below.

**ROLE OF THE APPROVED PROVIDER**

As the Approved Provider of the CE activity, (Name of Approved Provider) will take all actions necessary to ensure compliance with the Council on Podiatric Medical Education (CPME)

*Standards and Requirements for Approval of Continuing Education Providers of in Podiatric*

*Medicine*. Any action not explicitly stated here, but deemed necessary by the Approved Provider to comply with these requirements will be implemented. The Approved Provider will have the

final decision, including withdrawal of its approval for the activity up to and during the activity if the joint provider fails to meet the Approved Provider terms of this agreement.

**DISCLOSURE OF FINANCIAL INTERESTS AND OFF-LABEL USES**

The Approved Provider must ensure balance, independence, objectivity, and scientific rigor in all its joint provider activities. A disclosure agreement must be completed by all individuals who have influence over the content of the educational activity (i.e., course director(s), planning committee, faculty, etc.). Any individual who refuses to disclose relevant financial relationships will be disqualified from influencing CE content and cannot have control of, or responsibility for, the development, management, presentation, or evaluation of the activity.

The activity complies with the Approved Provider’s policy on disclosure of relevant financial relationships. The CPME defines conflict of interest as circumstances when an individual or organization has an opportunity to affect content of educational activities regarding products or services in which they have a financial relationship. If a conflict of interest exists, then the activity director will follow the Approved Provider’s policies and processes to resolve it.

(Name of Joint Provider) is responsible for making sure that all Instructor/Presenters, Moderator, Author, Activity Director, Planning/Approval Committee Members, Board Member, Executive Director complete, sign and return said forms by the requested date.

Instructors are also required to disclose if the product being addressed is not labeled for the use under discussion. Compliance that this disclosure has taken place must be documented. This information must be disseminated to all activity participants.

**COMMERCIAL SUPPORT**

All commercial support for the activity meets the requirements of CPME.

The Approved Provider must be apprised of all educational grants and the way in which funds have been used. Where there is commercial support, there must be a written agreement.

**CE APPROVAL STATEMENT**

The approved provider must use the following approval statement in reference to its approval status in publications, certificates, instructional media, and other publications pertaining to the continuing education activity.

This activity has been planned and implemented in accordance with the standards and requirements for approval of providers of continuing education in podiatric medicine through a joint provider agreement between (name of provider) and (name of non-approved provider). (Name of provider) is approved by the Council on Podiatric Medical Education as a provider of continuing education in podiatric medicine. (Name of provider) has approved this activity for a maximum of \_\_\_ continuing education contact hours.

No other approval statement may be used.

**EDUCATIONAL ACTIVITY EVALUATION**

All educational activities must be formally evaluated. An evaluation summary will be prepared by the Joint Provider and forwarded to the Approved Provider for review and record keeping.

**COMPENSATION**

(Name of Joint Provider) shall pay (Name of Approved Provider) $\_\_\_\_\_\_\_\_\_\_ for the services outlined above.

**TERMINATION**

Either party may terminate this Agreement by providing \_\_\_\_\_\_\_ days written notice of termination to the other party.

I have read, understood, and agreed to comply with the above stated regulations. I recognize that

continuing education contact hours (CECH)/Continuing Medical Education (CME) Credits provided by the Approved Provider is subject to these regulations and (CECH/CME Credits) may be withdrawn if these regulations are not appropriately met.

**Agreed by:**

**Approved Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Joint Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**