



UNIVERSITY OF ILLINOIS  
COLLEGE OF MEDICINE AT PEORIA

## COMMERCIAL SUPPORT LETTER OF AGREEMENT

*for ACCME and State Medical Society Accredited CME Sponsors*

*Regarding Terms, Conditions and Purposes of the Educational Grant*

**Between**                      **and**                      **(company)**

**Title of CME Activity**

**Location:**              **Date(s)**

**Commercial Supporter (Company name/Branch)**

**Address**

**City/State/Zip**

**Telephone**              **Fax**                      **Contact Person**

**The above company wishes to provide support for the name CME activity by means of**

**Unrestricted educational grant for support of the CME activity in the amount of \$**

### ***CONDITIONS***

1. **Statement of Purpose:** program is for scientific and educational purposes only and will not promote the company's products, directly or indirectly.
2. **Control of Content & Selection of Presenters & Moderators:** Sponsor is responsible for control of content and selection of presenters and moderators. The Company agrees not to direct the content of the program.
3. **Disclosure of Financial Relationships:** Sponsor will ensure meaningful disclosure to the audience, at the time of the program, of (a) Company funding and (b) any significant relationship between the Sponsor and the Company (e.g., grant recipient) or between individual speakers or moderators and the Company. According to ACCME Standards for Commercial Support and UIC CME policies, disclosure must be made to the planning committee, its contents reviewed, and any conflicts resolved by the activity director and department head prior to the activity. Speakers may be replaced where conflicts cannot be resolved.
4. **Involvement in Content:** there will be no "scripting", emphasis, or direction of content by the Company or its agents.

5. **Ancillary Promotional Activities:** Product -promotion or product-specific advertisement of any type is prohibited in or during CME activities. Advertisements and promotional materials are not permitted to be mixed with CME content.
6. **Use of Company name/s:** Educational material cannot include company names or promotional materials.
7. **Objectivity & Balance:** Sponsor will make every effort to ensure that data regarding the company's products (or competing products) are objectively selected and presented, with favorable and unfavorable information and balanced discussion of prevailing information on the product(s) and/or alternative treatments.
8. **Limitations on Data:** Sponsor will ensure, to the extent possible, meaningful disclosure of limitations on data, e.g. ongoing research, interim analyses, preliminary data, or unsupported opinion.
9. **Discussion of Unapproved Uses:** Sponsor will require that presenters disclose when a product is not approved in the United States for the use under discussion.
10. **Opportunities for Debate:** Sponsor will ensure meaningful opportunities for questioning or scientific debate.
11. **Independence of Sponsor in the use of Contributed Funds:**
  - a. funds should be in the form of an educational grant made payable to **UIC College of Medicine**.
  - b. all other support associated with this CME activity (e.g., distributing brochures, preparing slides, etc.) must be given with the full knowledge and approval of **UIC College of Medicine**.
  - c. no other funds from the commercial company will be paid to the program director, faculty, or others involved with the CME activity (additional honoraria, extra social events, etc.)

The Commercial Supporter agrees to abide by all requirements of the **ACCME 2004 Updated Standards for Commercial Support**.

The Accredited Sponsors agrees to: 1) abide by the **ACCME 2007 Updated Standards for Commercial Support**; 2) acknowledge educational support from the commercial company in program brochures, syllabi, and other program materials, and 3) upon request, furnish the commercial supporter and the CME office a report concerning the expenditure of the funds provided.

<b>AGREED</b>	
Commercial Company Representative (name) _____	
Signature _____	Date _____
Course Director (name) _____ Dept. _____	
Signature _____	Date _____
CME Department Director or Designee (name) <b><u>Debra L Granger, CME Coordinator</u></b>	
Signature _____	Date _____