

**UnityPoint Health - Des Moines
CME Financial Support Agreement**

This agreement identifies the conditions for commercial support of continuing medical education (CME) activities, which are sponsored by UnityPoint Health - Des Moines (UPHDM). The Iowa Medical Society through its Standards for Commercial Support of Continuing Medical Education established the terms and conditions.

PROGRAM TITLE: _____

IH-DM FACILITY: _____ **DATES:** _____

PROGRAM SPONSOR: _____

ADDRESS: _____

CITY, STATE, AND ZIP: _____

CONTACT PERSON: _____

TELEPHONE: _____ **FAX:** _____

COMMERCIAL INTEREST: _____

ADDRESS: _____

CITY, STATE, AND ZIP: _____

CONTACT PERSON: _____

TELEPHONE: _____ **FAX:** _____

1. The commercial interest wishes to provide support for the named educational activity through a restricted educational grant in the amount of \$_____. The educational grant will be used to cover expenses for:

A. SPEAKER EXPENSES: ALL EXPENSES TRAVEL EXPENSES ONLY HONORARIUM ONLY LODGING ONLY

SPEAKER NAME: _____

SPEAKER SUPPORT (AMOUNT): \$ _____.

B. CATERING SUPPORT (AMOUNT): \$ _____.

SPECIFY PAYMENT DETAILS: _____

C. OTHER SUPPORT: (e.g., A/V EQUIPMENT RENTAL, BROCHURE DEVELOPMENT & DISTRIBUTION, ROOM RENTAL, ETC.)

FUNDS WILL BE MADE PAYABLE TO: _____

2. The commercial interest wishes to rent display space in the amount of \$ _____.

RENTAL SPACE FUNDS WILL BE MADE PAYABLE TO: _____

THE COMMERCIAL INTEREST AGREES TO ABIDE BY ALL THE TERMS AND CONDITIONS OF THIS AGREEMENT WHICH ARE LISTED ON THE BACK OF THIS DOCUMENT.

THE PROGRAM SPONSOR AGREES TO: (1) ABIDE BY THE TERMS AND CONDITIONS OF THIS AGREEMENT; (2) ACKNOWLEDGE EDUCATIONAL SUPPORT FROM THE COMMERCIAL INTEREST IN PROGRAM BROCHURES AND OTHER PROGRAM MATERIALS AND, (3) UPON REQUEST, FURNISH THE COMMERCIAL INTEREST WITH A REPORT REGARDING THE EXPENDITURE OF THE FUNDS PROVIDED.

SIGNATURES OF AGREEMENT

COMMERCIAL INTEREST **DATE:** _____

PROGRAM SPONSOR REPRESENTATIVE **DATE:** _____

DIRECTOR OF MEDICAL EDUCATION OR DESIGNEE **DATE:** _____

(OVER)

TERMS AND CONDITIONS

1. **STATEMENT OF PURPOSE:** The program is educational only and is not intended to directly or indirectly promote a company's products.
2. **CONTROL OF CONTENT & SELECTION OF SPEAKERS & MODERATORS:** The program sponsor is responsible for control of content and selection of speakers and moderators. Educational materials used in the activity shall not, by their content or format, advance the specific proprietary interests of a commercial interest.
3. **PAYMENT OF HONORARIA AND EXPENSES:** The program sponsor must pay directly any honoraria or reimbursement of out of pocket expenses to faculty. If faculty who are listed on the activity agenda as facilitators or speakers also participate in the educational activity as a learner, their expenses may be reimbursed and honoraria may be paid to them for their teaching or facilitation roles only. Commercial support dollars may be used to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of UPHDM, the joint sponsor or educational partner.
4. **ACCOUNTABILITY:** The program sponsor must be able to produce accurate documentation detailing the receipt and expenditure of commercial support dollars.
5. **DISCLOSURE OF FINANCIAL RELATIONSHIP:** The program sponsor must disclose to the audience, in printed announcements or brochures and at the time of the program when commercial financial support for the program (e.g., educational grant) has been received. However, reference must not be made to specific products. The program sponsor must disclose any significant relationship between individual speakers or moderators and a commercial interest. The program sponsor must document how speaker financial disclosure was made at the program.
6. **DISCUSSION OF UNLABELED USE OF COMMERCIAL PRODUCTS:** When an unlabeled use of a commercial product, or an investigational use not yet approved for any purpose by the Food and Drug Administration is discussed during the educational activity, the program sponsor must require the speaker to disclose that the product is not labeled for the use under discussion or that the product is still under investigation.
7. **OPPORTUNITIES FOR DEBATE:** The program sponsor must ensure meaningful opportunities for questioning or scientific debate.
8. **ANCILLARY PROMOTIONAL ACTIVITIES:** When commercial exhibits or displays are part of the overall program, space for these activities will be made available outside of the room where the educational activity is taking place. No commercial promotional materials shall be displayed or distributed in the same room immediately before, during or immediately after the educational activity. Representatives of commercial interests may attend an educational activity, but may not engage in sales activities while in the room where the educational activity takes place.
9. **INDEPENDENCE OF THE PROGRAM SPONSOR IN THE USE OF CONTRIBUTED FUNDS:**
 - a. Funds given in the form of an educational grant must be made payable to the institution listed under Section 1 of this agreement.
 - b. Funds given to rent display space must be made payable to the institution listed under Section 2 of this agreement.
 - c. No funds from the commercial source shall be given to the director of an activity, planning committee members, faculty, joint sponsors or any others involved with the supported CME activity. Commercial support may not be used to pay for travel, lodging, honoraria, or personal expenses for non-faculty participants of a CME activity.

This completed agreement must be signed by all parties and returned to:

Medical Education Services
1415 Woodland Avenue; Suite 140
Des Moines, Iowa 50309