

**LETTER OF AGREEMENT FOR COMMERCIAL SUPPORT OF CME
 LOUISIANA STATE UNIVERSITY SCHOOL OF MEDICINE, OFFICE OF MEDICAL EDUCATION (OME)**

This document is a letter of agreement for LSU School of Medicine CME(the accredited sponsor), a commercial interest providing support (either financial or in-kind), to the educational activity identified below, plus any educational partners involved in the planning and implementation of this CME activity:

| | | |
|---|--------|--------|
| Title of the CME activity to be presented: | | |
| Date and Location of the CME activity: | | |
| Commercial entity providing support (the commercial interest): | | |
| Name of commercial interest representative completing this agreement: | | |
| Mailing Address: | | |
| Telephone #: | Fax #: | Email: |
| Name of sponsor representative completing this agreement: | | |

INDEPENDENCE: The accredited **sponsor** of CME (**sponsor**), and the commercial entity providing support to the educational activity (**commercial interest**), and the educational partner (partner) agree that:

- 1) the CME activity is for scientific or educational purposes only and will not promote any specific proprietary business interest of the **commercial interest**,
- 2) any discussion of the **commercial interest's** product(s) will be objective, balanced, and scientifically rigorous,
- 3) the **sponsor** is responsible for all decisions regarding the identification of educational needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME, selection of education methods, and the evaluation of the activity.

SPEAKERS: It is understood by all parties that it is the responsibility of the **sponsor**, along with the Activity Medical Director, to make an independent judgment as to the most appropriate presenters, and to select presenters representing an appropriate diversity of legitimate medical opinion on the topic under discussion when the educational format permits (e.g., panel or series of speakers).

OBJECTIVITY: All parties agree there will be no advertisements for the **commercial interest's** products in any materials disseminated in the CME activity room (e.g., presentations by sales representatives or promotional exhibits in the same room as the educational activity.) The juxtaposition of editorial and advertising material on the same products or subjects is not allowed. Promotional materials cannot be displayed or distributed in the education space immediately before, during or after a CME activity. **Commercial interests** may not engage in sales or promotional activities while in the space or place of the CME activity. **Commercial interests** may not be the agent providing the CME to the learners.

DISBURSEMENT OF FUNDS:
 All commercial support associated with this activity will be given with the full knowledge and approval of the **sponsor**. No other payment shall be given to the Activity Medical Director, planning committee members, teachers or authors, educational partners, or any others involved with the supported activity. The **sponsor** will upon request, furnish the **commercial interest** documentation detailing the receipt and expenditure of commercial support. The **sponsor** may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CME activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the sponsor or educational partner.

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DISCLOSURE: All parties agree it is the responsibility of the **sponsor** to disclose to participants prior to the beginning of the activity:

- 1) the **commercial interest's** funding of the activity, and
- 2) relationships between individual speakers or moderators and/or their spouses and any **commercial interest** (e.g., speaker, employee, grant recipient, owner of significant interest or stock) occurring within the last 12 months.

It is understood that disclosure of commercial support to participants will not include the use of a trade name or product-group message. The acknowledgement of commercial support will state the name of the company or institution. Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME activities. Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.

| GRANTING OF EDUCATIONAL SUPPORT BY COMMERCIAL INTEREST | |
|---|--|
| The above named commercial interest wishes to provide the following educational support to the above named sponsor or CME activity as follows: | |
| 1. | _____ Unrestricted educational grant in the amount of \$_____ for the general support of programming |
| 2. | A grant in the amount of \$_____ to reimburse speaker expenses consisting of: _____ a) honoraria _____ b) travel _____ c) lodging _____ d) meals e) F&A overhead (25%) LSUHSC requirement Names of Speakers: |
| 3. | Other support in the amount of \$_____ Please describe (e.g., in-kind, equipment donation, food and beverage functions, room rental, contractual services, or educational research): |

The representatives of **all partners** below understand that support provided to an educational activity must be provided in compliance with the conditions listed above under the sections entitled Independence, Speakers, Objectivity, Disbursement of funds, and Disclosure. The **commercial interest, sponsor, and partner all** agree to abide by those requirements and the ACCME Standards for Commercial Support.

X _____
Joseph M. Moerschbaecher, III, Ph.D., Vice Chancellor for Academic Affairs, LSUHSC Date

X _____
Signature of Commercial Interest Representative Date

X _____
Laura J. Bell, Director of Continuing Medical Education, LSU School of Medicine Date

X _____
Signature of Educational Partner Representative (if applicable) Date