

New York State College Health Association 2010 Annual Meeting

Letter of Agreement Form Regarding Terms, Conditions and Purposes of a Grant

Between:	<i>New York State College Health Association (NYSCHA)</i>
and: [insert name of company]	
Title of Activity:	New York State College Health Association 2010 Annual Meeting
Location:	Sheraton Syracuse University Hotel & Conference Center Syracuse, New York
Date(s):	October 20-22, 2010
Commercial supporter (Company name/branch):	
Address:	
City, State, ZIP:	
Telephone:	
Fax:	
Email:	
Contact Person:	

The above company wishes to provide support for the named by means of (indicate which option):	
1. Unrestricted grant for support of the Educational/Health Promotion/Research Activity in the amount of – <i>specify amount:</i>	
2. Restricted grant to reimburse for speaker – <i>list speaker name(s):</i>	
To include: (specify all expenses, travel only, or honorarium only)	
Honorarium amount (to be determined by the course director) – <i>specify amount:</i>	
3. Restricted grant to support catering functions – <i>list name or type of function:</i>	
Specify amount of grant:	
4. Restricted grant for other purpose (e.g., tour or transportation support, meeting materials such as tote bags or notepads) – <i>specify purpose and amount:</i>	

Conditions

1. **Statement of Purpose:** program is for scientific and educational purposes only and will not promote the company's products, directly or indirectly. This statement of purpose is to reflect the ACHA Guidelines for Corporate Relationships.
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. The Company or its agents will respond only Sponsor-initiated requests for suggestions of presenters or sources of possible presenters. The Company will suggest more than one name (if possible); will provide speaker qualifications; will disclose financial or other relationships between Company and speaker, and will provide this information in writing. Sponsor will record role of Company, or its agents, in suggesting presenter(s); will seek suggestions from other sources, and will make selection of presenter(s) based on balance and independence.
3. **Disclosure of Financial Relationships:** Sponsor will ensure meaningful disclosure to the audience, at the time of the program: (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.
4. **Involvement in Content:** There will be no "scripting," emphasis, or direction of content by the Company or its agents.
5. **Ancillary Promotional Activities:** No promotional activities will be permitted in the same room or obligate path as the educational activity. No product advertisements will be permitted in the program room. No subsequent promotional activities will refer to ACHA.
6. **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.
7. **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.
8. **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.
9. **Opportunities for Debate:** Sponsor will ensure meaningful opportunities for questioning or scientific debate.
10. **Independence of Sponsor in the use of Contributed Funds:**
 - Funds should be in the form of an educational grant made payable to New York State College Health Association.
 - All other support associated with this CME/CH activity (e.g., distributing brochures, preparing slides, etc.) must be given with full knowledge and approval of the New York State College Health Association.
 - No other funds from the commercial company will be paid to the program director, faculty or others involved with the CME/CH activity (additional honoraria, extra social events, etc.).

The Commercial Supporter agrees to abide by all requirements of the ACCME Standards for Commercial Support of Continuing Medical Education and the ANCC Standards for Commercial Support of Continuing Nursing Education (available upon request).

The Accredited Sponsor agrees to:

- Abide by the ACCME Standards for Commercial Support of Continuing Medical Education.
- Abide by the ANCC Standards for Commercial Support of Continuing Nursing Education.
- Acknowledge educational support from the commercial company in program brochures, syllabi, and other program materials.
- Furnish the commercial supporter a report concerning the expenditure of the funds provided, upon request.

<i>By typing my name below, I am providing my electronic signature approving all the information entered above and confirming that all of this information is accurate.</i>		
Corporate Representative:	Name:	Date:
NYSCHA Representative:	Name:	Date:
ACHA Representative:	Name:	Date:

Return form to: Mary Madsen, RN-C, University of Rochester, Box 270617, Rochester, NY 14627 or by e-mail to mmadsen@uhs.rochester.edu. Call 585-275-2196 with questions.