



**Wayne State University School of Medicine  
Continuing Medical Education  
LETTER OF AGREEMENT FOR COMMERCIAL SUPPORT**

Wayne State University School of Medicine Continuing Medical Education (WSU SOM CME) is committed to presenting continuing medical education activities that promote improvements or quality in healthcare, independent of the control of commercial interest. WSU SOM CME has outlined in this written agreement the terms, conditions, and purposes of commercial support for its CME activities.

Commercial Interest:		
Educational Partner(s) (if applicable)		
Activity Title:		
Date of Activity:		
Location:		
Amount of the Commercial Support:		
In-Kind Support: Check the appropriate box(es) and specify what materials will be provided:		
None (financial support only)	Disposable supplies (non-biological)	Facilities/space
Durable equipment	Animal parts or tissue	Other

**TERMS AND CONDITIONS**

1. **Statement of Purpose:** This activity is for scientific and educational purposes only and will not promote any specific proprietary business interest of the Commercial Interest.
2. **Control of Content:** The Accredited Provider is responsible for all decisions regarding the identification of educational needs, determination, selection and presentation of needs, objectives, content, faculty, educational methods, evaluation, and audience of the activity; the accredited provider will ensure that all decisions are made free of the control of the Commercial Interest. The Commercial Interest will not require the Accredited Provider to accept advice or services concerning teachers, authors, or participants or other education matters, including content, as conditions of receiving this grant.
3. **Appropriate Use of Commercial Support:** The Commercial Interest shall provide Commercial Support in the amount set forth above to the Accredited Provider promptly upon execution of this Agreement. The Accredited Provider will make all decisions regarding the disposition and disbursement of the funds from the Commercial Interest. All commercial support associated with this activity will be given with the full knowledge and approval of the Accredited Provider. No other payments shall be given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved with the supported activity.
4. **Reconciliation:** The Accredited Provider will, upon request, furnish the Commercial Interest with documentation detailing the receipt and expenditure of the commercial support.
5. **Commercial Promotion:** The funds provided under this agreement are not intended to defray or pay any costs for exhibit/display space. Neither exhibit space nor advertising has been offered or will be given as a condition of commercial support. In-kind donations are for educational purposes only and will not be used as opportunities for selling. No promotional activity or advertisements will be permitted in the same room as the educational activity. The Commercial Interest may not be the agent providing the CME activity to the learners.
6. **Disclosure:** The Accredited Provider will ensure that the source of support from the Commercial Interest, either direct or in-kind, is disclosed to the participants at the time of the activity. This disclosure will not include the use of a logo, trade name or a product-group message.
7. **Agreement:** The Accredited Provider, Commercial Interest, and the Educational Partner(s) (if applicable) agree to abide by all requirements of the Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support of Continuing Medical Education.

By signing below, I agree to the "Terms and Conditions" outlined above in this Letter of Agreement for Commercial Support (including the ACCME's Accreditation Criteria, the ACCME Standards for Commercial Support, and Wayne State University School of Medicine Continuing Medical Education Policies).

**AGREEMENT BY AUTHORIZED REPRESENTATIVES:**

**Accredited Provider**

**Commercial Interest**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Email

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

\_\_\_\_\_  
Date