WRITTEN AGREEMENT FOR COMMERCIAL SUPPORT

The Kentucky Medical Association is committed to presenting CME activities that promote improvements or quality in healthcare and are independent of the control of commercial interests. As part of this commitment, the Kentucky Medical Association has outlined in this written agreement the terms, conditions, and purposes of commercial support for its CME activities. Commercial Support is defined as financial, or in-kind, contributions given by a commercial interest[1], which is used to pay all or part of the costs of a CME activity.

Title of CME Activity			
Activity Location		**Activity Date**	
Name of Commercial Interest			
Amount of Educational Grant (direct or in-kind)			
Grant will be used for the following:			
Speaker Honoraria	**Speaker Expenses (itemize)**	**Meeting Expenses (itemize)**	**Other (list)**

Terms, Conditions, and Purposes

Independence

1. This activity is for scientific and educational purposes only and will not promote any specific proprietary business interest of the <Commercial Interest>.
2. The Kentucky Medical Association 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.

Appropriate Use of Commercial Support

3. The Kentucky Medical Association will make all decisions regarding the disposition and disbursement of the funds from the <Commercial Interest>.
4. The <Commercial Interest> will not require the Kentucky Medical Association to accept advice or services concerning teachers, authors, or participants or other education matters, including content, as conditions of receiving this grant.
5. All commercial support associated with this activity will be given with the full knowledge and approval of the Kentucky Medical Association. No other payments shall be given to the director of the activity, planning committee members, teachers or authors, joint provider, or any others involved with the supported activity.
6. The Kentucky Medical Association will upon request, furnish the <Commercial Interest> documentation detailing the receipt and expenditure of the commercial support.

Commercial Promotion

7. Product-promotion material or product-specific advertisement of any type is prohibited in or during the CME activity. The appearance of editorial and advertising material on the same products is not allowed. Live or enduring promotional activities must be kept separate from the CME activity. Promotional

[1] The ACCME defines a Commercial Interest as any entity producing, marketing, re-selling or distributing health care goods or services consumed by, or used on, patients.

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.

8. The <Commercial Interest> may not be the agent providing the CME activity to the learners.

Disclosure

9. The Kentucky Medical Association will ensure that the source of support from the <Commercial Interest>, either direct, or "hkind," is disclosed to the participants, in program brochures, syllabi, and other program materials, and at the time of the activity. This disclosure will not include the use of a trade name or a product-group message. The acknowledgment of commercial support may state the name of the company or institution and will not include corporate logos and slogans.

The <CommercialInterest> and Kentucky Medical Association agree to abide by all requirements of the Accreditation Council for Continuing Medical Education (ACCME) ***Standards for Commercial Support of Continuing Medical Education*** {appended).

Name of Accredited Provider	**Kentucky Medical Association**		
Tax ID Number			
Contact Person	Miranda Mosley	Email Address	mosley@kyma.org
Phone Number	502.814.1393	Fax Number	
Educational Partner (if applicable)			
Contact Person		Email Address	
Phone Number		Fax Number	
Tax ID Number			
Name of Commercial Interest			
Address			
City, State, Zip			
Contact Person		Email Address	
Phone Number		Fax Number	

Agreed by Authorized Representatives

Commercial Interest

_____
Signature and Date

_____
Print Name

_____
Title

Accredited Provider

_____
Signature and Date

_____
Print Name

_____
Title

Educational Partner (If applicable)

_____
Signature and Date

_____
Print Name

_____
Title

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