



mdcma
**MIAMI-DADE COUNTY
MEDICAL ASSOCIATION**
Miami, Florida 33136
PROMOTING QUALITY
MEDICAL CARE SINCE 1903

LETTER OF AGREEMENT COMMERCIAL SUPPORT

Miami-Dade County 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, Miami-Dade County Medical Association has outlined in this written agreement the terms, conditions, and purposes of commercial support for its CME activities. Commercial Support for an activity is financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of an activity. Providers of clinical service directly to patients are not considered to be commercial interests. If more than one entity is providing commercial support each entity must complete this form.

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 Accredited Provider 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 Accredited Provider will make all decisions regarding the disposition and disbursement of the funds from the Commercial Interest.
4. 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.
5. 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.
6. The Accredited Provider 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 juxtaposition of editorial and advertising material on the same products or subjects is not allowed. Live or enduring promotional activities must be kept separate from the CME activity. 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.
8. The Commercial Interest may not be the agent providing the CME activity to the learners.

Disclosure

9. The Accredited Provider will ensure that the source of support from the Commercial Interest, either direct or "in-kind," is disclosed to the participants prior to the activity, in program brochures, syllabi, and other program materials, and at the time of the activity. Disclosure must not include the ineligible companies' corporate or product logos, trade names, or product group messages.

The Commercial Interest and Miami-Dade County Medical Association agree to abide by all requirements of the Accreditation Council for Continuing Medical Education (ACCME) and Miami-Dade County Medical Association (MDCMA) ***Standards for Commercial Support of Continuing Medical Education*** (appended).

Name of Accredited Provider	Miami-Dade County Medical Association
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Tax ID Number

Contact Person

Phone Number

Email Address

Fax Number

Educational Partner (if applicable)	Name of Joint Providership Partner
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Contact Person

Phone Number

Tax ID Number

Email Address

Fax Number

Name of Commercial Interest	Entity Providing Ineligible Company
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Address

City, State, Zip

Contact Person

Phone Number

Email Address

Fax Number

Agreed by Authorized Representatives

Commercial Interest

Accredited Provider

Signature and Date

Print Name

Title

Signature and Date

Print Name

Title

Educational Partner (If applicable)

Signature and Date

Print Name

Title