

**Commercial Support Agreement
for a Continuing Medical Education Activity
of the University of Rochester School of Medicine & Dentistry (URSMD)**

CME Title: _____

ACTIVITY Date: _____ Location: _____

MEDICAL Sponsoring Unit (dept., division, etc.): _____

SCHOOL Activity Director: _____ Phone: _____
Address: _____ FAX: _____

COMPANY Company Name: _____

PROVIDING Representative: _____ Phone: _____
SUPPORT Address: _____ FAX: _____

SUPPORT The above named company is providing the following support to the designated CME activity:

PROVIDED A) ___ Financial support paid to the Medical School in the amount of \$ _____.
This support is for:
___ The general expenses of the CME Activity.
___ specific expenses of the CME activity (e.g., speaker honoraria):

B) ___ Other support for the CME activity (e.g., use of company's equipment):

AUTHORIZED The Medical School authorizes the company to perform the following activities in conjunction with
COMPANY the Medical School's CME activity:

ACTIVITIES ___ No activity.
___ Activity (e.g., commercial exhibit): _____
(CME activity development and production are not delegated to commercial supporters.)

GENERAL The support is provided and accepted in accordance with the Accreditation Council for Continuing
CONDITIONS Medical Education Standards for Commercial Support of CME. Some of the Standards include:

- The University of Rochester School of Medicine & Dentistry controls the content and production of the CME activity.
- The Medical School assures the presentation of balanced, objective information.
- Discussion of unlabeled uses of a product will state that the use is not approved.
- If exhibits are present they will not interfere with the educational activity.
- All commercial support funds should be paid to the Medical School
- Commercial support will be acknowledged to participants.
- The sponsoring Medical School unit and the CME activity faculty will disclose significant relationships with companies whose products will be discussed.
- Social activities will be modest and will not take precedence over educational activities.

SIGNATURES

Company Representative **Date** **CME Activity Director** **Date** **CPE** **Office** **Administrator**
Date

3 Copies; one each to: the Company Representative; the URSMD CME Activity Director; and the CME Activity File in the Office of Continuing Professional Education, University of Rochester Medical Center, 601 Elmwood Avenue, Box 677, Rochester, New York 14642-8677; Telephone: (585) 275-4392; Fax: (585) 275-3721.