

Agreement Concerning Support from a Commercial Company
for a Continuing Medical Education Activity
of the University of Rochester School of Medicine & Dentistry

CME Title:
ACTIVITY Date:
LOCATION:

MEDICAL Sponsoring Unit:
SCHOOL CME Provider: **Office of Continuing Professional Education**
Address: **UR School of Medicine & Dentistry**
601 Elmwood Avenue, Box 677, Rochester, NY 14642
Contact: **Rhiannon Rosicka**
Phone: **585-275-4392** Fax: **585-275-3721**

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 Total 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):

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

CPE Office Administrator

Date