

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

**CME** Title: \_\_\_\_\_

**ACTIVITY** Date: \_\_\_\_\_ Location: \_\_\_\_\_

**ACTIVITY** Sponsoring Unit (dept., division, etc.): \_\_\_\_\_

**DIRECTION** Name/Title: \_\_\_\_\_

**ACCREDITED** Medical School: \_\_\_\_\_

**PROVIDER** Contact: \_\_\_\_\_ 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** Exhibit fees will be paid to the Medical School in the amount of \$ \_\_\_\_\_.

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

\_\_\_ Commercial exhibit: \_\_\_\_\_

\_\_\_ Other: \_\_\_\_\_

(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 organizers and faculty will identify any conflicts of interest (COI) related to the content of this activity. COI will be resolved by the activity director, and disclosed to participants.
- Social activities will be modest and will not take precedence over educational activities.

**SIGNATURES**

\_\_\_\_\_  
**Company Representative**      **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.