



American
Urological
Association
Education and Research, Inc.

**EDUCATIONAL GRANT/LETTER OF AGREEMENT
FOR COMMERCIAL SUPPORT**
ACCME Accredited CME Sponsors

This agreement is made between **American Urological Association (AUA)** a non-profit organization, with offices located at 1000 Corporate Boulevard, Linthicum, Maryland ("Provider") and Commercial Supporter,("Company") with offices located at

Title of CME Activity:
Activity Location:
Activity Date:
Amount of Educational Grant:
Grant will be used for the following:
- Speaker Honoraria: <input type="checkbox"/> Speaker Expenses: <input type="checkbox"/> Meeting Expenses: <input type="checkbox"/> Other: <input type="checkbox"/>
(Itemized if necessary)

TERMS, CONDITIONS, AND PURPOSES

- Statement of Purpose:** Program is for scientific and educational purposes only and will not promote the company's products, directly or indirectly.
- Control of Content and Selection of Presenters and Moderators:** American Urological Association (AUA) (provider) is responsible for control of content and selection of presenters and moderators. AUA will make selection of presenter(s) based on balance and independence.
- Disclosure of Financial Relationships:** AUA will ensure meaningful disclosure to the audience, at the time of the program, of (a) Company funding and (b) any significant relationship between AUA and the Company (e.g. grant recipient) or between individual speakers or moderators and the Company.
- Involvement in Content:** there will be no 'scripting', emphasis, or direction of content by the Company or its agents.
- Ancillary Promotional Activities:** no promotional activities will be permitted in the same room or oblique path as the educational activity. No product advertisements will be permitted in the program room.
- Objectivity and Balance:** AUA will make every effort to ensure that data regarding the company's products (or competing products) are objectively selected and presented, with favorable and unfavorable information and balanced discussion of prevailing information on the product(s) and/or alternative treatments.
- Limitations on Data:** AUA will ensure, to the extent possible, meaningful disclosure of limitations on data, e.g., ongoing research, interim analyses, preliminary data, or unsupported opinion.
- Discussions of Unlabeled and Unapproved Uses:** AUA will require that presenters disclose when a product is not approved in the United States for the use under discussion.

9. **Opportunities for Debate:** AUA will ensure meaningful opportunities for questioning or scientific debate.

10. **Independence of American Urological Association in the Use of Contributed Funds:**

- (a) Funds should be in the form of an educational grant made payable to American Urological Association.
- (b) All other support associated with this CME activity (e.g., distributing brochures, preparing slides, etc.) must be given with the full knowledge of American Urological Association.
- (c) No other funds from the commercial company will be paid to the program director, faculty, or others involved with the CME activity (additional honoraria, extra social events, etc.)

AUA will be found in noncompliance with SCS 1.1 and SCS 3.2 if it enters into a commercial support agreement where the commercial supporter specifies the manner in which the provider will fulfill the requirements of the ACCME's Elements, Policies and Standards.

American Urological Association agrees to: 1) abide by the *ACCME Standards for Commercial Support of Continuing Medical Education*; 2) acknowledge educational support from the commercial company in program brochures, syllabi, or other program materials; and 3) upon request, furnish the commercial supporter a report concerning the expenditure of the funds provided.

The Commercial Supporter agrees to abide by all requirements of the *Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support of Continuing Medical Education* (appended).

American Urological Association

Tax ID Number: **43-0691437**

Contact Person:

Phone Number:

Email Address:

Fax Number:

(Company's name)

Address:

Contact Person:

Phone Number:

Email Address:

Fax number:

AGREED BY AUTHORIZED REPRESENTATIVES

Signature: _____ Date: _____

Commercial Company Representative:

Signature: _____ Date: _____

AUA Office of Education Director, Janice Baum, M.A.