



Letter of Agreement for Educational Grant

Between American Association of Neurological Surgeons (AANS), (“CME Accredited Provider”) and _____ (“Commercial Supporter”)

Please complete all blanks

Title of CME Activity: _____

Location: _____ Date(s): _____

Commercial Supporter (Name/Branch/Division): _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____ E-mail: _____

The above company wishes to provide support for the named continuing medical education activity by means of:

- a. Educational grant for support of the CME activity in the amount of \$ _____
- b. Other gift in kind* (e.g. equipment loan, donation of medical texts, etc.): Describe:

CONDITIONS

1. **Statement of Purpose:** This activity is for scientific and educational purposes only and will not promote the commercial supporter’s products, directly or indirectly.
2. **Control of Content and Selection of Presenters and Moderators:** AANS as accredited provider is ultimately responsible for control of content and selection of presenters and moderators. The ACCME Standards for Commercial Support require that the AANS conduct the activity independently and without influence or control from the commercial supporter or its agents over the activity’s planning, content or execution. This includes selection of speaker, presenter or moderator and content.
3. **Disclosure of Financial Relationships:** AANS as accredited provider will ensure meaningful disclosure to the audience of (a) commercial support and (b) any significant relationship between the CME accredited provider and the commercial supporter (e.g., grant recipient), or between individual speakers or moderators and the commercial supporter (and the significant others of those mentioned) at the time of the activity.

4. **Involvement in Content:** There will be no “scripting,” emphasis or influence on content by the commercial supporter or its agents.
5. **Ancillary Promotional Activities:** No promotional activities will be permitted in the same room or obligate paths before, during or after the educational activity. No product advertisements or literature of any kind will be permitted in the CME activity meeting space (including product specific name or logo on name badges, clothing and table cloths).
6. **Objectivity and Balance:** AANS as accredited provider is required by the ACCME Standards of Commercial Support to ensure that the program be objective, balanced and scientifically rigorous. Commercial supporters shall not wear clothing or name badges that include product specific names / logos on them. Clothing and name badges with only the commercial supporter’s logo are allowed.
7. **Content Validation:** AANS ensures that all the recommendations involving clinical medicine in a CME activity is based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.
8. **Limitation of Data:** AANS as accredited provider will ensure to the extent applicable, meaningful disclosure of limitations of data (e.g., ongoing research, interim analyses, preliminary data, or unsupported opinion).
9. **Discussion of Unapproved Uses:** AANS as accredited provider will require that presenters disclose when a product is considered off-label or investigational.
10. **Opportunities for Debate:** For live presentations, CME-accredited provider will ensure opportunities for questioning or scientific debate.
11. * **Donations of equipment, instrumentation, medical textbooks or other gift-in-kind:** The value of any item(s), regardless of the amount, is used for internal record keeping purposes only. The AANS is unable to include the estimated value on a donor receipt or acknowledgement. It is the responsibility of the donor/commercial supporter to substantiate the fair market value, minus staff and shipping costs, for his/her own tax purposes. Consult your tax advisor/finance department to determine the tax implications of your donation.
12. **Independence in the Use of Contributed Funds:**
 - a. Funds should be in the form of an educational grant made payable to:

 - b. All other support associated with this CME activity (e.g., distributing brochures, preparing slides) must be given with the full knowledge and approval of the AANS (accredited provider).
 - c. No other funds from the commercial supporter will be paid to the program director, faculty, or others involved with the CME activity (additional honoraria, extra social events, etc.).

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

AANS as Accredited Provider and _____ as the Grantee agrees to:

1. Comply with the ACCME *Standards for Commercial Support for Continuing Medical Education*
2. Acknowledge educational support from the commercial supporter in program brochures, syllabi, and other program materials
3. Upon written request, furnish the commercial supporter a report concerning the expenditure of the funds provided.

**The acronym AANS refers to both the American Association of Neurological Surgeons, a 501(c)(6) organization, and the American Association of Neurosurgeons, a 501(c)(3) organization.*

PLEASE NOTE: those found out of compliance with this agreement may not be invited to participate in subsequent CME activities sponsored or jointly provided by the AANS.

AGREED

For the Commercial Supporter

Name: _____
(Please print)

Title: _____

Signature: _____

Date: _____

For the AANS

Name: _____
(Please print)

Title: _____

Signature: _____

Date: _____