



EDUCATIONAL GRANT/LETTER OF AGREEMENT FOR COMMERCIAL SUPPORT

This agreement is made between AKH Inc., Advancing Knowledge in Healthcare (AKH) a Florida Corporation, located at PO Box 24104, Jacksonville, FL, 32241-4104 ("Sponsor") and Commercial Supporter,

Support Institution/Company Name: _____

Institution/Company Address: _____

Joint-Sponsor/Educational Partner: _____

Title of CME Activity: _____

Activity Location: 2019 ASN Annual Meeting Activity

Meeting Date: January 24-27, 2019

Amount of Educational Grant: \$ _____

TERMS, CONDITIONS, AND PURPOSES

- 1. Statement of Purpose: Program is for scientific and educational purposes only and will not promote the company's products, directly or indirectly.
2. Control of Content and Selection of Presenters and Moderators: AKH is responsible for control of content and selection of presenters and moderators. AKH will make selection of presenter(s) based on balance and independence.
3. Disclosure of Financial Relationships: AKH will ensure meaningful disclosure to the audience, at the time of the program, of (a) Company funding and (b) any significant relationship between AKH and the Company (e.g. grant recipient) or between individual speakers or moderators and the Company.
4. Involvement in Content: there will be no 'scripting', emphasis, or direction of content by the Company or its agents.
5. Ancillary Promotional Activities: no promotional activities will be permitted in the same room or obligate path as the educational activity. No product advertisements will be permitted in the program room.
6. Objectivity and Balance: AKH 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.
7. Limitations on Data: AKH will ensure, to the extent possible, meaningful disclosure of limitations on data, e.g., ongoing research, interim analyses, preliminary data, or unsupported opinion.
8. Discussions of Unapproved Uses: AKH will require that presenters disclose when a product is not approved in the United States for the use under discussion.
9. Opportunities for Debate: When applicable, based on educational format, AKH will ensure meaningful opportunities for questioning or scientific debate.

10. Independence of AKH in the Use of Contributed Funds:

(a) Funds should be in the form of an educational grant made payable to ASN - EIN _____.

- (b) All other support associated with this CME activity (e.g., distributing brochures, preparing slides, etc.) must be given with the full knowledge of AKH.
- (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.)

AKH Inc. agrees to: 1) abide by the applicable standards associated with the audience and the corresponding accrediting body (*ACCME: Standards for Commercial Support of Continuing Medical Education, ACPE Quality and Interpretive Guidelines, ANCC: Operations Requirements for Accredited Providers*); 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 *ACCME Standards for Commercial Support of Continuing Medical Education*, the *AMA Guidelines on Gifts to Physicians from Industry*, the *AdvaMed Code of Ethics for Interactions with Health Care Professionals*, and/or the *PhRMA Code on Interactions with Healthcare Professionals*. Copies of these documents are available upon request.

AKH Inc., Advancing Knowledge in Healthcare

Tax ID Number: **46-1779147**

Contact Person: Steve Eckert

Phone Number: 904-683-8843

Email Address: **seckert@akhcme.com**

Fax Number: 866-352-6285

Commercial Support Company: _____

Address: _____

Contact Person: _____

Email Address: _____

Phone Number: _____

Fax number: _____

AGREED BY AUTHORIZED REPRESENTATIVES

Commercial Support Company: _____

Signature: _____ Date: _____

Educational Partner: _____ - Contact: _____

Signature: _____ Date: _____

AKH Inc. - Steve Eckert