**Commercial Support Agreement**(per 2015 ANCC Criteria & Standards for Integrity and Independence in Accredited Continuing Education)   
**\*Vendors / Exhibitors are not commercial support**

**Commercial Support Agreement**

Ineligible companies are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Examples can be found at: <https://www.accme.org/accreditation-rules/standards-for-integrity-independenceaccredited-ce/eligibility>. Nonprofit or government organizations, non-healthcare-related companies, and healthcare facilities are not considered commercial interests.

**Commercial support** is financial or in-kind contributions given by an ineligible company that are used to pay for all or part of the costs of a CNE activity.

**Note: Organizations providing commercial support may *not* provide or joint provide an educational activity.**

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| **Title of Educational Activity:** | |
| Activity Location (if live): | Activity Date (if live): |
| **Name of Ineligible Company:** | |
| **Name of Provider** | |
| Total amount of Commercial Support: | |
| Area(s) of activity the Ineligible Company would like to support:   * Unrestricted * Restricted\*   + Speaker honoraria   + Speaker expenses   + Meal   + Other (please list): | |

*\* Ineligible companies may request that funds be used to support a specific part of an educational activity. The Provider may choose to accept the restriction or not accept the commercial support. The Provider maintains responsibility for all decisions related to the activity as described below.*

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| **Terms and Conditions** | |
| 1. | All organizations must comply with the *Standards for Integrity and Independence in Accredited Continuing Education. https://www.accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce*. |
| 2. | This activity is for educational purposes only and will not promote any proprietary interest of an Ineligible  Company providing financial or in-kind support. |
| 3. | The Provider is responsible for all decisions related to the educational activity. The Ineligible Company providing financial or in-kind support may **not** participate in any component of the planning process of an educational activity, including:   * + - Assessment of learning needs     - Selection or development of content     - Selection of planners, presenters, faculty, authors and/or content reviewers     - Selection of teaching/learning strategies     - Evaluation methods |
| 4. | The Provider will make all decisions regarding the disposition and disbursement of commercial support in accordance with ANCC criteria. |
| 5. | All commercial support associated with this activity will be given with the full knowledge and consent of the Provider. No other payments shall be given to any individuals involved with the supported educational activity. |
| 6. | Commercial support will be disclosed to the participants of the educational activity. |
| 7. | Ineligible Companies may not exhibit, promote or sell products or services during the introduction of an educational activity, while the educational activity takes place or at the conclusion of an educational activity, regardless of the format of the educational activity. |

**Statement of Understanding**

An “X” in the boxes below serves as the electronic signatures of the representatives duly authorized to enter into agreements on behalf of the organizations listed and indicates agreement of the terms and conditions listed in the Commercial Support Agreement above.

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| **Provider Name:** |  |
| **Address:** |  |
| **Name of Representative:** |  |
| **Email Address:** |  |
| **Phone Number:** |  |
| **Fax Number:** |  |
| **Electronic Signature (Required) Date:** | |
| **Completed By:**  **(Name and Credentials)** |  |

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| --- | --- |
| **Ineligible Company Name:** |  |
| **Address:** |  |
| **Name of Representative:** |  |
| **Email Address:** |  |
| **Phone Number:** |  |
| **Fax Number:** |  |
| **Electronic Signature (Required) Date:** | |
| **Completed By:**  **(Name and Credentials)** |  |