

**CME Joint Providership Agreement**

The Christ Hospital Health Network (TCHHN) is accredited by the Ohio State Medical Association (OSMA) to provide continuing medical education (CME) for physicians. As a provider of CME, TCHHN is required to ensure its CME Activities are planned and implemented in accordance with the Accreditation Council for Continuing Medical Education's Essential Areas, their Elements, and their Standards for Commercial Support. By jointly providing with TCHHN, the Joint Provider will, together with TCHHN, plan, implement, monitor and evaluate the activity identified below.

**Activity Information:**

<b>Activity Title</b>	
<b>Location</b>	
<b>Date(s)</b>	

**Joint Provider's Contact Information:**

<b>Joint Provider Representative (Last Name, First Name)</b>	
<b>Job Title of Joint Provider Representative</b>	
<b>Joint Provider</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Telephone #</b>	
<b>Fax #</b>	
<b>Email</b>	

**In partnership with The Christ Hospital Health Network (TCHHN), the Joint Provider agrees to:**

- Submit all documents outlined in the attached *CME Activity General Requirements*, by their associated due dates;
- Comply with the attached *Advertising & Educational Content Requirements*;
- Ensure that any meals provided during the CME Activity are within normal and customary charges as established in the ACCME's Essential Areas and their elements;
- Monitor the live CME Activity for compliance with the stated requirements for *AMA PRA Category 1 Credit™*;
- And oversee the sign-in and evaluation processes at the live CME Activity.

**In partnership with the Joint Provider, The Christ Hospital agrees to:**

- Assist the Joint Provider in ensuring that the CME Activity complies with the ACCME Essentials Areas, their Elements, and Standards for Commercial Support through receipt of the required documents;
- Provide the Joint Provider with sign-in sheets, evaluation forms and TCHHN CME certificates no later than 1 week prior to the planned CME Activity;
- Upon receipt of the sign-in sheets and the completed evaluation forms, create a CME event record for all attendees of the CME Activity and maintain record for at least 6 years.

The following party has agreed to manage the income and expenses for the CME Activity. This party agrees to directly receive all funds from commercial support or exhibit fees. Additionally, this party will issue any agreed upon honoraria and expense checks.

- The Joint Provider
- The Christ Hospital Health Network

Failure for the Joint Provider to comply with the ACCME Essentials Areas, their Elements, and Standards for Commercial Support can result in failure to receive *AMA PRA Category 1 Credit™* designation for the event. Continuation of the Joint Providership Agreement will be contingent upon fulfillment of the stated responsibilities.

**Joint Provider's Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Representative's Job Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**CME Provider's Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Representative's Job Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_