

TCHHN Joint Provider Commercial Support Agreement

This agreement effective as of _____ between The Christ Hospital Health Network (hereinafter referred to as "TCHHN") and _____ (hereinafter referred to as "Commercial Supporter") for the following continuing medical education activity (hereinafter referred to as "CME Activity"):

Activity Title	
Location	
Date	

CME Provider Contact Information:

CME Provider Representative (Last Name, First Name)	Andrews, Thomas
Job Title of CME Provider Contact	
CME Provider Name	The Christ Hospital Health Network (TCHHN)
Address	2139 Auburn Ave.
City, State, Zip	Cincinnati, Oh, 45219
Telephone # (Primary)	513-585-1159
Telephone # (Secondary)	513-585-2221
Fax #	513-585-3293
Email	TCH.Medstaff@thechristhospital.com
Tax ID	31-0538525

Joint Provider Contact Information:

Joint Provider Representative (Last Name, First Name)	
Job Title of Exhibitor Contact	
Exhibitor	
Address	
City, State, Zip	
Telephone #	
Fax #	
Email	
Tax ID	

Commercial Supporter Contact Information:

Exhibitor Representative (Last Name, First Name)	
Job Title of Exhibitor Contact	
Exhibitor	
Address	
City, State, Zip	
Telephone #	
Fax #	
Email	
Tax ID	

Commercial Supporter wishes to provide support for the above named continuing medical education activity by means of: (check one of the boxes below)

- Unrestricted Educational Grant, in the amount of: \$ _____
- In-Kind Materials , equivalent to the amount of: \$ _____
- Please List Materials being Supplied: _____

By providing your signature below, the CME Provider is agreeing to:

- × Ensure the following decisions were made free of the control of the commercial interest: (1) Identification of CME needs, (2) Determination of educational objectives, (3) Selection and presentation of content, (4) Selection of all persons and organizations that will be in a position to control the content of the CME, (6) Selection of educational methods, (7) Evaluation of the activity;
- × Make all decisions regarding the disposition and disbursement of commercial support;
- × Pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses;
- × Ensure social events and/or meals at the CME activity do not compete with or take precedence over the educational event;
- × Produce documentation detailing the expenditure of the commercial support if requested by the commercial supporter;
- × And comply with the attached ACCME Standards for Commercial SupportSM.

By providing your signature below, the Commercial Supporter is agreeing to:

- × Comply with the attached Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial SupportSM
- × Will not provide commercial support for a CME activity without the full knowledge and approval of the CME provider
- × Distribute all supporting funds directly to the Joint Provider and not directly to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved with the supported activity
- × Will not require CME Provider to accept advice or services concerning teachers, authors, or participants or other education matters, including content from a commercial interest as conditions of contributing funds or services

Commercial support will not be used to pay for travel, lodging, honoraria or personal expenses of non-teacher or non-author participants of a CME activity.

GOVERNING LAW

This Agreement shall be governed by and construed in accordance with the laws of the State of Ohio.

This agreement is not binding and enforceable until fully signed by both parties. The parties hereto have executed this Agreement by their duly authorized representatives.

CME Provider's Signature: _____

Print Name: _____

Date: _____

Joint Provider's Signature: _____

Print Name: _____

Date: _____

Exhibitor's Signature: _____

Print Name: _____

Date: _____