



**UTAH OSTEOPATHIC MEDICAL ASSOCIATION  
AGREEMENT FOR COMMERCIAL SUPPORT**

**The Utah Osteopathic Medical Association is committed to presenting CME activities that promote improvements or quality in healthcare and are independent of the control of Ineligible Companies. As part of this commitment, the Utah Osteopathic Medical Association has outlined in this written agreement the terms, conditions, and purposes of commercial support for its CME activities. Commercial Support is defined as financial, or in-kind contributions given by an ineligible company which is used to support a CME activity.**

Title of CME Activity				
Location of CME Activity				
Date of CME Activity				
Name of Ineligible Company				
Amount of Value	Monetary	\$	In-kind	\$
Describe the Use of Monetary and/or In-Kind Contribution  (Speaker honoraria, itemized speaker expenses, itemized meeting expenses, equipment, and other itemized uses)				

**Terms, Conditions, and Purposes**

**Independence**

1. This activity is for scientific and educational purposes only and will not promote any specific proprietary business interest of the Ineligible Company.
2. The Utah Osteopathic Medical Association is responsible for all decisions regarding the identification of educational needs, the determination of educational objectives, selection and presentation of content, selection of all persons and organizations in a position to control the content of the CME, selection of education methods, and the evaluation of the activity.
3. The Ineligible Company may not be the agent providing the CME activity to the learners.

**Appropriate Use of Commercial Support**

3. Ineligible companies must not pay directly for any of the expenses related to the education or the learners.
4. The Utah Osteopathic Medical Association may use commercial support to fund honoraria or travel expenses of planners, faculty, and others in control of content for those roles only.
5. The Utah Osteopathic Medical Association must NOT use commercial support to pay for travel, lodging, honoraria or personal expenses for individual learners or groups of learners in accredited education. Although, the commercial support may be used to defray or eliminate the cost of the education for ALL learners.

**Commercial Promotion**

6. Product-promotion material or product-specific advertisement of any type is prohibited in or during the CME activity. The juxtaposition of editorial and advertising material on the same products or subjects is not allowed. Live or enduring promotional activities must be kept separate from the CME activity. Promotional materials cannot be displayed or distributed in the education space immediately before, during or after a CME activity. Ineligible Companies may not engage in sales or promotional activities while in the space or place of the CME activity.

**Accountability**

7. The Utah Osteopathic Medical Association will upon request, furnish the Ineligible Company documentation detailing the receipt and expenditure of the commercial support.

**Disclosure**

8. The Utah Osteopathic Medical Association must disclose to the learners the name(s) of the ineligible company(ies) that gave the commercial support, and the nature of the support if it was in-kind, prior to the learners engaging in the education. Disclosures to learner must NOT include the ineligible companies' corporate or product logos, trade names, or product group messages.

The Commercial Supporter and the Utah Osteopathic Medical Association agree to abide by all requirements of the American Osteopathic Association **Standards for Integrity and Independence in Continuing Medical Education**.

**Utah Osteopathic Medical Association**

Tax ID 87-0666052  
Contact Person Marcelle Maxfield Email Address mmaxfield@noordacom.org  
Phone Number 385-380-3313

Educational Partner (if applicable)			
Tax ID			
Contact Person			
Phone Number		Email	

Commercial Company (ineligible company)					
Address					
City, State Zip		State		Zip	
Tax ID					
Contact Person					
Phone Number		Email			

**Agreed by Authorized Representatives**

**Ineligible Company**

**Utah Osteopathic Medical Association**

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

**Educational Partner (If applicable)**

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Title