

**Medical Staff of Saint John's Health Center  
WRITTEN AGREEMENT FOR DONATION (s)**

Saint John's Health Center (SJHC) is committed to presenting CME activities that promote improvements or quality in healthcare and are independent of the control of outside interests. As part of this commitment, SJHC has outlined in this written agreement the terms, conditions, and purposes of donation (s) for its CME activities. **Donation** is defined as financial, or in-kind, contributions given by an entity<sup>1</sup>, which is used to pay all or part of the costs of a CME activity.

<b>Title of CME Activity:</b> _____	
<b>Activity Location:</b> _____	<b>Activity Date:</b> _____
<b>Name of Entity:</b> _____	
<input type="checkbox"/> <b>Donation: \$</b> _____	
<b>Donation (s) will be used to subsidize various expenses for the conference; these expenses may include (but are not limited to) audiovisual, meeting room rental, faculty expenses, and hands-on course operations. A W9 must be accompanied, if donation is \$600, or greater.</b>	

**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 Entity.
2. The Accredited Provider is responsible for all decisions regarding the identification of educational needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME, selection of education methods, and the evaluation of the activity.

**Appropriate Use of Donation**

3. The Accredited Provider will make all decisions regarding the disposition and disbursement of the funds from the Entity.
4. The Entity will not require the Accredited Provider to accept advice or services concerning teachers, authors, or participants or other education matters, including content, as conditions of receiving this grant.
5. All donations associated with this activity will be given with the full knowledge and approval of the Accredited Provider. No other payments shall be given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved with the supported activity.
6. The Accredited Provider will upon request, furnish the Entity documentation detailing the receipt and expenditure of the donation.

**Promotion**

7. 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. Entities may not engage in sales or promotional activities while in the space or place of the CME activity. Only 30 minutes after the CME activity has completed.
8. The Entity may not be the agent providing the CME activity to the learners.

**Disclosure**

9. The Accredited Provider will ensure that the source of support from the Entity, either direct or "in-kind," is disclosed to the participants, in program brochures, syllabi, and/or other program materials, and at the time of the activity.

In exchange for the above donation, SJHC will provide \_\_\_\_\_ the following:

- Acknowledgement to the learners of the donation both in advance and at the meeting,
- A display table in the lobby of the meeting location

# Saint John's Health Center



**Name of Accredited Provider:** Medical Staff of Saint John's Health Center

**Tax ID Number:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Name of Entity:** \_\_\_\_\_

**Tax ID Number (if applicable):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

### Agreed by Authorized Representatives

#### Entity

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

#### Accredited Provider

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

<sup>i</sup> A donation is a voluntary transfer of property (often money) from the transferor (donor) to the transferee (donee) with no exchange of value (consideration) on the part of the recipient (donee).