

**University of Pennsylvania School of Medicine  
EDUCATION PARTNER ATTESTATION FORM**

University of Pennsylvania School of Medicine is committed to ensuring that all jointly sponsored activities are planned and implemented in accordance with the Accreditation Council for Continuing Medical Education (ACCME) Elements, Standards and Policies and to providing clinically relevant educational activities for practitioners to promote improvements or quality in health care that are independent of the control of commercial interests. As part of this commitment, University of Pennsylvania School of Medicine does not jointly sponsor CME activities with commercial interests. **A commercial interest is defined by the ACCME as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.**

Standard 1.2 of the ACCME *Standards for Commercial Support* states that “a commercial interest cannot take the role of non-accredited provider in a joint sponsorship relationship.” Therefore, it is the responsibility of University of Pennsylvania School of Medicine to ensure that all non-accredited organizations with which we collaborate are not commercial interests or owned or controlled by a commercial interest. To facilitate the determination of your eligibility to enter into a joint sponsorship relationship with University of Pennsylvania School of Medicine, we ask that you complete the following questionnaire and return it for our review.

**I. Organization**

Name \_\_\_\_\_ Tax ID \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Website \_\_\_\_\_  
Contact \_\_\_\_\_ E-Mail \_\_\_\_\_

**II. Mission**

- A. Is your organization involved in providing commercial or other company-directed activities or services for pharmaceutical companies, medical device manufacturers, nutraceutical or herbal supplement companies, etc., including but not limited to advertising/promotional services, publication planning, speaker bureau management, speaker training, and advisory board/consultant meeting planning?

Yes       No

- B. Please provide a brief overview of your organization or attach a copy of your mission statement.

### III. Corporate Structure

- A. A parent organization is defined as one that owns and fiscally controls another organization. In that context, do you have a parent organization?

Yes       No

- B. If yes, please identify your parent organization.

Name \_\_\_\_\_ Tax ID \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Website \_\_\_\_\_

- C. If applicable, please provide a brief overview of your parent organization or attach a copy of their mission statement.

- D. The ACCME defines a commercial interest as “**any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.**” If applicable, do you believe that your parent organization is a commercial interest as defined by the ACCME?

Yes       No       N/A

- E. Is your organization part of a larger family of companies that is affiliated with any other organization(s) (i.e. do you have any sister companies)?

Yes       No

- F. Is any organization (sister company) that you are affiliated with involved in providing commercial or other company-directed activities or services for pharmaceutical companies, medical device manufacturers, nutraceutical or herbal supplement companies, etc., including but not limited to advertising/promotional services, publication planning, speaker bureau management, speaker training, and advisory board/consultant meeting planning?

Yes [*complete section IV, Corporate Firewalls*]

No [*proceed to section V, Attestation*]

N/A [*proceed to section V, Attestation*]

#### IV. Corporate Firewalls

If any affiliate (sister company) or subsidiary of your organization is involved in providing commercial or other company-directed activities for a commercial interest, you must have a corporate firewall in place to maintain independence in the development of content and implementation of CME activities. Therefore, please verify that your organization has guidelines and firewalls in place to provide for separation of CME and promotional staff (e.g. independent, non-overlapping management, distinct and separate staff responsible for the development of educational content, separate physical locations, different telephone and fax numbers and Internet domains for e-mail addresses, individual computer networks, etc.).

- A. Please describe the elements of your firewall.

- B. Attach an organizational chart that depicts how your organization and management and content-related personnel are distinct and separate from those that are involved in providing commercial or other company-directed activities for a commercial interest.

#### V. Attestation

- A. I hereby certify that the above information is correct and that <Accredited Provider> will be immediately notified if any of the above information changes.

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

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

#### REVIEW AND ACCEPTANCE

*This organization has been reviewed and approved as a joint sponsor of CME activities for a 12-month period from the date of this acceptance.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<Name>  
<Title>