

EDUCATION PARTNER ATTESTATION FORM

Duke University School of Medicine Office of Continuing Medical Education (DukeCME) 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, DukeCME 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 DukeCME 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 DukeCME, 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. If yes, please identify your sister companies (attach additional sheets if necessary).

Name _____ Tax ID _____

Address _____

City, State, ZIP _____

Website _____

- G. 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 DukeCME will be immediately notified if any of the above information changes.

Signature _____ Date _____

Print Name _____ Title _____

INTERNAL USE ONLY – 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: _____
Brooke J. Taylor, MPH, CCMEP, Director, DukeCME