

***LETTER OF AGREEMENT**

*BETWEEN BRIDGEPORT HOSPITAL (AN ACCREDITED SPONSOR) AND A NON-ACCREDITED
COMMERCIAL ORGANIZATION IN THE USE OF CONTRIBUTED FUNDS FOR
CONTINUING MEDICAL EDUCATION ACTIVITIES*

PROGRAM NAME _____
LOCATION _____
COMMERCIAL SUPPORTER (COMPANY) _____
CONTACT PERSON _____ TITLE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE _____ FAX _____ EMAIL _____
SIGNATURE _____ DATE _____

GRANTING OF EDUCATIONAL SUPPORT BY COMMERCIAL SOURCE

The above named company wishes to provide the following education grant in support of the above continuing medical education activity: (indicate)

___ Education grant in the amount of \$ _____ for the support of a program(s).

___ Reimbursement for speaker expenses to consist of:

___ All speaker expenses (to include travel, lodging, meals and honoraria) **or**

___ Travel ___ Meals ___ Honoraria In the amount of \$ _____

Speaker(s) Name: 1.) _____

2.) _____

___ Support for catering functions (specify event & amount) _____

___ Other (indicate purpose and amount) _____

The company agrees to abide by the Accreditation Council for Continuing Medical Education's ***Standards for Commercial Support of Continuing Medical Education.***

ACCEPTANCE OF EDUCATIONAL SUPPORT BY BRIDGEPORT HOSPITAL

In accepting this educational support, the Accredited Sponsor agrees to: 1) abide by the ACCME ***Standards for Commercial Support of Continuing Medical Education***; 2) acknowledge educational support by the commercial source(s) in program brochures, syllabi, and other program materials; and 3) upon request, furnish to the commercial support(s) a report concerning the expenditure of funds provided.

Name _____ Department _____

Title _____ Date _____

The Department of _____, BRIDGEPORT HOSPITAL is pleased to accept this commercial support of the educational activity.

**Above the shaded area should be completed by Company Representative.*

Within the shaded area should be completed by Program Organizer or Director of Medical Education.