



Medical Education Group Grant Management System



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Submit ME Agreement

8/16/2011

Dear Teresa Shepherd

This Letter of Agreement (LOA) is in response to your request on behalf of THE CHILDRENS MERCY HOSPITAL for an independent professional education grant from Pfizer. The grant ID for this request is 038170. This request was made in the amount of \$28,640.00 for your program entitled "Improving pain prevention strategies during childhood immunization: A quality improvement project linked to ongoing professional development through a project-based quality improvement curriculum (CGA Hospitals 5/16/11)".

Pfizer's Medical Education Group has reviewed this request. We are very pleased to announce we will provide a grant in support of "Improving pain prevention strategies during childhood immunization: A quality improvement project linked to ongoing professional development through a project-based quality improvement curriculum (CGA Hospitals 5/16/11)", in the amount of \$28,640.00.

THE CHILDRENS MERCY HOSPITAL will be receiving a check in the amount of 28,640.00.

Please note it may take up to 45 days from the acceptance of the LOA for funds to arrive.

Please note this grant is awarded in accordance with the Terms and Conditions herein. After your program is complete, you will receive an email notification prompting you to log into the online Pfizer Grant Management System to complete the Post-Activity Reconciliation to account for your use of these funds.

Please review and electronically accept the LOA or you will have the option of uploading your own signed LOA from your organization in place of this Pfizer LOA. Note that disbursement of funds is contingent on Pfizer receiving this electronic acceptance or receiving a signed LOA from your organization. Failure to "accept" the Pfizer LOA or provide your own signed LOA for Pfizer's approval before the start date of the program/event will result in your grant application being revoked and all funding withdrawn.

If you have any questions, please contact 1-866-MEG-4647 (international callers use 212-209-8997) or email mededgrants@pfizer.com.

TERMS AND CONDITIONS

Certified and/or Independent Professional Healthcare Educational Programs

1. All parties will adhere to the Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support - Standards to Ensure the Independence of CME Activities. Including but not limited to the following standards:

Independence

- The provider (sponsor) must ensure that the following decisions were made free of the control of a commercial interest: identification of CME 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 educational methods, and evaluation of the activity.

Disclosures Relevant to Potential Commercial Bias

- An individual must disclose to learners any relevant financial relationship(s) to include the following information: the name of the individual, the name of the commercial interest(s), the nature of the relationship the person has with each commercial interest.
- For an individual with no relevant financial relationship(s) the learners must be informed that no relevant financial relationship(s) exist.
- The source of all support from commercial interests must be disclosed to learners. When commercial support is "in-kind" the nature of the support must be disclosed to learners.

Content and Format without Commercial Bias

- The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.
- Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.

If the program is not certified CME for physicians (e.g., nursing education), all Standards within the ACCME Standards for Commercial Support still apply.

2. All parties will adhere to the AMA Ethical Opinions 8.061 (Gifts to Physicians from Industry) and 9.011 (Ethical Issues in CME).

3. Pfizer will publicly disclose information about the grant funding, including the Provider's (sponsor's) name, the grant recipient's name, the purpose of the funding, original grant request and associated documentation, and the amount.

4. Auditing, Return of Unused Funds: Provider (sponsor) will (a) allow Pfizer's auditors access to education, all records, including expense records, related to this program, upon Pfizer's request, at a mutually acceptable time and location (for a period of 2 years after the end date of the program); (b) furnish Pfizer a report concerning the expenditure of funds associated with this program, upon Pfizer's request; and (c) return to Pfizer all funds not used for the program described above, within 60 days of the end date of the activity.

5. Monitoring Program: Provider (sponsor) agrees to comply with any request from Pfizer to monitor an activity. Each quarter, a random sample of approved medical education grants (live and enduring activities) will be audited by Pfizer personnel from the Medical Education Group (MEG) or Compliance. Providers will be given notice of Pfizer's intent to audit a specific activity. In the case of live meeting, the assigned Pfizer representative will contact the provider prior to appearing at an activity.

6. Compliance with Anti-bribery/Anti-Corruption Laws: a) It is the intent of the parties that no payments or transfers of value shall be made which have the purpose or effect of public or commercial bribery, or acceptance or acquiescence in extortion, kickbacks, or other unlawful or improper means of obtaining business. Provider (sponsor) agrees to comply with all applicable anticorruption laws and regulations, including the U.S. Foreign Corrupt Practices Act; b) Provider (sponsor) acknowledges that it has not and will not directly or indirectly offer or pay, or authorize such offer or payment, of any money or anything of value to improperly or corruptly seek to influence any government official.

7. Outcomes: Provider (sponsor) shall provide a report of activity evaluation data or educational outcomes data as is required by the ACCME, under Essential Area 3, Element 2.4. Evaluate the effectiveness of its CME activities in meeting identified educational needs, or as indicated in the original grant proposal. Outcomes report will be submitted at the same time PAR is completed, within 60 days of the end date of the activity.

8. Changes in Scope: Funds to support your educational program are being provided in accordance with the related proposal and budget information that were submitted to Pfizer as part of the respective competitive grant review window. Changes in scope may impact the original scoring decision; as such, any changes in scope to what was originally proposed herein must be submitted to Pfizer for final approval. All work completed prior to Pfizer's documented approval of the change in scope is done at the risk of the Provider (sponsor).

9. Effect of Other Agreements: Provider (sponsor) agrees that the terms of this Agreement supersede any other agreements or understandings, whether written or verbal, related to Pfizer's support of the program and the conduct of the program.

10. Neither Party shall be liable to the other Party for any failure to perform as required by this Agreement if the failure to perform is due to circumstances reasonably beyond the Party's control including, without limitation, acts of God, civil disorders or commotions, fire, terrorism, explosions, floods, war, sabotage, utility failures, or a national health emergency. A Party whose performance is affected by a force majeure event shall take prompt action using reasonable efforts to remedy the effects of a force majeure event.

11. No Relationship to any Business Initiative: The funding of this Initiative is not conditioned on or related, in any way, to: (a) any pre-existing or future business relationship with Pfizer, or (b) any business or other decision Provider has or may make, relating to Pfizer or its products (including coverage or formulary status decisions).

By accepting payment for this program from Pfizer, you certify to the representations set forth herein and agree to abide by all requirements of the conditions set forth herein.

Sincerely,
Pfizer Medical Education Group

Approver's Name: Susan Connelly

Date: 8/16/2011 6:14:17 AM

IP Address: 155.94.62.222

If acceptable, please indicate your agreement to these terms by clicking the accept button.

If you would rather use your institution's own Letter of Agreement (LOA), kindly note you will have to include certain terms and conditions required by Pfizer. Use the link below for instructions; a new window will open and you can copy/paste the required terms and conditions into your own LOA.

Required terms and conditions

Once your LOA is completed, use the "Browse" button below to locate the relevant file. Click on the "Upload LOA" button to upload the document. Please note Pfizer will review your LOA and if accepted, payment can commence for your approved grant.

(Maximum upload size=10 Megabytes)

Document Title	Uploaded Document		
Letter of Agreement	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload LOA"/>

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