**LETTER OF AGREEMENT**

Between the University of Washington School of Medicine and a Commercial Source/Ineligible Company

in the use of Contributed Funds for Continuing Medical Education Activities

(Please Print)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Activity Name | | | | Course number: | |  | |
| Location | | | Date(s) | |
| **Supporter (Company name/branch)** | | | | |  | |
| Address | | | City, State, Zip | |
| Telephone | FAX | | | |
| Contact Person | | | | |  | |
| **UW Department** | | | | |
| Box number | | |  | |
| Telephone | FAX | | | |
| Contact Person | | Email | | |

**GRANTING OF EDUCATIONAL SUPPORT**

The above named company wishes to provide the following educational support of the above continuing medical education activity:

|  |  |  |  |
| --- | --- | --- | --- |
|  | educational grant in the amount of | $ | for the support of the activity |

**The Ineligible Company/Commercial Supporter** agrees to abide by the Accreditation Council for Continuing Medical Education’s “The Standards for Integrity and Independence in Accredited Continuing Education.”

Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACCEPTANCE OF EDUCATIONAL SUPPORT BY THE**

**UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE**

In accepting this educational support, the Accredited Sponsor agrees to: 1) abide by the ACCME “Standards for Integrity and Independence in Accredited Continuing Education”; 2) acknowledges educational support by the ineligible companies/commercial sources in program brochures, syllabi, and other program materials; and 3) upon request, furnish to the company a report concerning the expenditures of funds provided.

Agreed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University of Washington School of Medicine Office of Continuing Medical Education

***The University of Washington School of Medicine is pleased to accept this support of the educational activity.***

University of Washington School of Medicine

Office of Continuing Medical Education

Box 359558

Seattle, WA 98195-9558

(206) 543-1050 phone

(206) 221-4525 fax

UW Box 359558