PERMANENTE MEDICINE®
Northwest Permanente

Written Agreement for Commercial Support

As a provider accredited by the Accreditation Council for Continuing Medical Education (ACCME), it is the policy of Northwest Permanente Department of Continuing Medical Education and Professional Development (NWP CME & PD) to ensure balance, independence, objectivity, and scientific rigor in all its individually sponsored educational activities. As part of this commitment, NWP CME & PD has outlined in this written agreement the terms, conditions, and purposes of commercial support for this CME activity. Commercial Support is defined as financial or in-kind support from an ACCME-defined ineligible company that is used to pay all or part of the costs of a CME activity. An ineligible company is defined as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Please complete the following:

Title of CME Activity:	**OAO 2027 Post Graduate Convention**
Activity Date:	**February 25-26, 2027**
Activity Location:	**World Forestry Center**
Name of Ineligible Company/Commercial Supporter:	
Amount of Commercial Support:	
Description of in-kind commercial support (if applicable):	**N/A**

Commercial Support will be used for the following:

☐ Speaker Honoraria	☐ Speaker Expenses	☒ Meeting Expenses	☐ Other *(provide short description)* _____

Terms, Conditions, and Purposes

Preventing Commercial Bias and Marketing in Accredited Continuing Education

1. The Accredited Provider will ensure that all decisions related to the planning, faculty selection, delivery, and evaluation of accredited education are made without any influence or involvement from the owners and employees of an ineligible company.
2. Accredited education will be free of marketing or sales of products or services. Faculty will not actively promote or sell products or services that serve their professional or financial interests during accredited education.

Appropriate Use of Commercial Support

3. The Accredited Provider will make all decisions regarding the disposition and disbursement of the funds from the ineligible company.
4. The ineligible company will not require the Accredited Provider to accept advice or services concerning teachers, authors, or participants or other education matters, including content, as conditions of receiving this grant.
5. All commercial support associated with this activity will be given with the full knowledge and approval of the Accredited Provider. No other payments shall be given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved with the supported activity.
6. The Accredited Provider will upon request, furnish the ineligible company documentation detailing the receipt and expenditure of the commercial support.

Management of Ancillary Activities Offered in Conjunction with Accredited Continuing Education

7. Arrangements to allow ineligible companies to market or exhibit in association with accredited education must not:
    a. Influence any decisions related to the planning, delivery, and evaluation of the education.
    b. Interfere with the presentation of the education.
    c. Be a condition of the provision of financial or in-kind support from ineligible companies for the education.

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Disclosure:

8. The accredited provider will disclose to the learners the name(s) of the ineligible company(ies) that gave the commercial support, and the nature of the support if it was in kind, prior to the learners engaging in the education. Disclosure will not include the ineligible companies' corporate or product logos, trade names, or product group messages.

By electronically signing this form, the Commercial Supporter and NWP CME & PD agree to abide by all requirements of the ***ACCME Standards for Integrity and Independence in Accredited Continuing Education***.

Please complete and return to Stephanie Tran: Stephanie.Tran@kp.org

Agreed by Authorized Representatives

Ineligible Company / Commercial Supporter	Accredited Provider
Company Name:	Company Name: **Northwest Permanente**
Representative Name:	Representative Name: **Stephanie Tran**
Date:	Date:
Title:	Title: **Clinical Education Consultant**

Joint Provider (if applicable)
Company Name: **Oregon Academy of Ophthalmology**
Representative Name: **Shelley Shirley**
Date:
Title: **Director of Membership & Events**

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