**Sponsorship Contract Form**

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| **Department:** | |  | | | |
| **CPD Activity:** | |  | | | |
| **Activity Date:** | |  | | | |
| **Sponsorship** is financial or in-kind contributions from individuals, groups, organization, corporation (profit or non-profit) and are willing to pay for all or part of the costs of a CPD or other educational activity in support of efforts to increase health-related knowledge and awareness. | | | | | |
| (A commercial interest is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. Nonprofit or government organizations, non-healthcare-related companies, and healthcare facilities are not considered commercial interests.) | | | | | |
| **Note:** Organizations providing sponsorship may not provide or co-provide a DHP approved educational activity. They must not influence the agenda or the content. | | | | | |
| **Terms and Conditions of Commercial Sponsorship** | | | | | |
| 1 | This activity is for educational purposes only and will not promote any proprietary interest of an organization providing sponsorship. | | | | |
| 2 | The SPC/ Approved Provider will make all decisions regarding the disposition and disbursement of sponsorship in accordance with HMC/ DHP guidance and policies. | | | | |
| 3 | Sponsorship will be disclosed to the participants of the educational activity. | | | | |
| 4 | The Commercial Interest Organization will not recruit learners from the educational activity for any purpose. | | | | |
| 5 | All sponsorship associated with this activity will be given with the full knowledge and consent of the Approved Provider. No other payments shall be given to any individuals involved with the supported educational activity. | | | | |
| 6 | The organization providing sponsorship may not exhibit, promote, or sell products or services during the introduction of an educational activity, while the educational activity takes place or at the conclusion of an educational activity, regardless of the format of the educational activity. Any sponsored exhibit or talk must not take place alongside, or in competition with CPD accredited activities. | | | | |
|  | The SPC/Approved Provider is responsible for all decisions related to educational activity. The organization providing sponsorship may **not** participate in any component of the planning process of an educational activity, including: | | | | |
| 7 | * Assessment of learning needs | | | | * Determination of learning objectives |
|  | * Development of content | | | | * Selection of planners, presenters, faculty, authors and/or content reviewers |
|  | * Selection of teaching/learning strategies | | | | * Evaluation Methods |
| **Statement of Understanding** | | | | | |
| A signature in the boxes below serves as the signatures of the representatives duly authorized to enter into agreements on behalf of the organizations listed and indicate agreement of the terms and conditions listed in the Sponsorship Contract above. | | | | | |
| **Organization Providing Sponsorship:** | | | | | |
| Sponsor’s Name: | | |  | | |
| Address: | | |  | | |
| Phone Number: | | |  | | |
| Email ID: | | |  | | |
| Total Amount: | | |  | | |
| In-kind Support (as applicable) | | |  | | |
| All sponsorship must be Unrestricted Educational grant (this is a strict DHP rule) | | | | | |
| ***Sponsors, please indicate that you understand this by signing and stamping the below section:*** | | | | | |
| **Organization representative Name and Signature** | | | | **Organization Stamp** | |
| Date: …………………… | | | |  | |
| **SPC maintains responsibility for all decisions related to the activity as described above** | | | | | |
| **SPC Chair Name, Signature and Stamp** | | | | **Department Chair Name, Signature and Stamp** | |
| Date: …………………… | | | | Date: …………………. | |