**Department:**

**CPD Activity:**

**SPONSORSHIP AGREEMENT FORM**

**Sponsorship** is financial or in-kind contributions from an organization that fits within the category of a commercial interest and that are used to pay for all or part of the costs of a CPD activity.

(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.)

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| Note: Organizations providing sponsorship may not provide or co-provide a DHP approved educational activity. They must not influence the agenda or the content.  |

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| Organization providing sponsorship: |
| Total amount of sponsorship:  |
| All sponsorship must be Unrestricted (this is a strict DHP rule)Sponsors Please initial that you understand this  |

*NB The SPC maintains responsibility for all decisions related to the activity as described below.*

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| **Terms and Conditions** |
| 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 is responsible for all decisions related to the educational activity. The organization providing sponsorship may **not** participate in any component of the planning process of an educational activity, including:* + - Assessment of learning needs
		- Determination of objectives
		- Selection or development of content
		- Selection of planners, presenters, faculty, authors and/or content reviewers
		- Selection of teaching/learning strategies
		- Evaluation methods
 |
| 3. | The SPC/ Approved Provider will make all decisions regarding the disposition and disbursement of sponsorship in accordance with HMC/ DHP guidance. |
| 4. | 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. |
| 5. | Sponsorship will be disclosed to the participants of the 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. |
| 7. | The Commercial Interest Organization will not recruit learners from the educational activity for any purpose. |

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| **Statement of Understanding** |

An “X” in the boxes below serves as the electronic signatures of the representatives duly authorized to enter into agreements on behalf of the organizations listed and indicates agreement of the terms and conditions listed in the Sponsorship Agreement above.

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|       **Electronic Signature (Required) Date:**  |
| **Completed By:** **(Name and Credentials)** |  |

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| **Organization providing sponsorship:** |  |
| **Address:** |  |
| **Name of Representative:** |  |
| **Email Address:** |  |
| **Phone Number:** |  |
| **Fax Number:** |  |
| **Signature Date:**  |
| **Completed By:** **(Name and Credentials)** |  |