



Letter of Agreement – ACS Activity
Terms and Conditions of an Educational Grant (“Commercial Support”)

Accredited Organization (“ACS”):	The American College of Surgeons
Commercial Company (“Company”):	_____
Regarding the following Activity: _____	
Educational Activity Name: _____	
Date(s) of Activity: _____ City, State (if live meeting): _____	
Commercial Support Company Information:	
Company Contact Name: _____	
Company Address: _____	
Telephone: _____	Email: _____

This grant will provide Commercial Support for the above-named activity by means of:

- Monetary Educational Grant, in the amount of \$_____.
- Gift In-Kind Grant. Please select type of in-kind support received:
 - Durable Equipment Loan. Please list all equipment below, including model name and quantity. All equipment will be returned at the conclusion of the activity. If additional lines are needed, please provide as a separate addendum.

Equipment Description	MODEL #	QUANTITY
ESTIMATED VALUE (Include approximate rental value, shipping & handling. Do not use replacement value)	\$	

- Disposable Supplies (Non-Biological – i.e. instruments/materials). Please list all disposable items provided, including model name and quantity. If additional lines are needed, please provide as a separate addendum.

Disposable Supplies (Non-Biological) Description	MODEL #	QUANTITY
ESTIMATED VALUE OF DONATION (Replacement value)	\$	

- Animal Parts or Tissue. Please provide a description below. If additional lines are needed, please provide as a separate addendum.

Animal Parts or Tissue Description	QUANTITY
ESTIMATED VALUE (Rental Value)	\$

- Human Parts of Tissue. Please provide a description below. If additional lines are needed, please provide as a separate addendum.

Human Parts or Tissue Description	QUANTITY
ESTIMATED VALUE (Rental Value)	\$

- Facilities/Space. Value (rental fee): \$_____.

- Other In-Kind Support.

- Description: _____
- Value \$_____

Note: No other funds from the Company will be paid to the activity director, faculty, or others involved with the activity (i.e. additional honoraria, extra social events, etc.)

Conditions:

➤ **Statement of Purpose**

- This activity is for scientific and educational purposes only. ACS, as an accredited provider, is required by the ACCME Criteria and Standards for Commercial Support to ensure that the program be objective, balanced, and scientifically rigorous.

➤ **Required Acknowledgements to Participants**

- The ACS will ensure that participants are made aware of the Commercial Support at the time of the activity. The ACS will require that presenters disclose when the Commercial Support product is considered off-label or investigational. The ACS will ensure, to the extent possible, meaningful disclosure of limitations on relevant Company data (e.g. ongoing research, interim analyses, preliminary data, or supported opinion).

➤ **Promotion**

- The activity will not promote the Company's products or services, directly nor indirectly. No promotional activities will be permitted in the vicinity before, during, or after the educational activity. No product advertisements will be permitted as part of the educational activity.

➤ **The ACS agrees to:**

- Comply with the ACCME's Standards for Commercial Support
- Acknowledge commercial support from the Company in program materials (program and/or on-site signage)
- Provide a reconciliation of the commercial support's expenditure for the CME file and upon request, furnish this to the Company as well

➤ **The Company agrees to:**

- Comply with the ACCME's Standards for Commercial Support
- Not influence the content of the educational activity
- Acknowledge that there will be no Company promotion as part of the educational activity

Agreed:

For the Commercial Company:

Signature: _____

Printed Name: _____

Title: _____

Date: _____

For the American College of Surgeons:

Signature: _____

Printed Name: _____

Title: _____

Date: _____