

POTENTIAL EDUCATION PARTNER ATTESTATION FORM

American Academy of CME, Inc. (Academy) is committed to ensuring that all jointly provided activities are planned and implemented in compliance with the Elements, Standards and Policies of Joint Accreditation (JA), as well as the policies of the AMA, FDA, PhRMA, and OIG pertaining to accredited continuing education, and to providing clinically-relevant educational activities for the healthcare team and its members to promote improvements or quality in health care that are independent of the control of commercial interests. As part of this commitment, the Academy does not jointly provide accredited continuing education activities with ineligible companies.

An **ineligible company** (known formerly as a commercial interest) is defined in the ACCME Standards for Integrity and Independence in Accredited Continuing Education as “are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.” Examples of ineligible companies include:

- Advertising, marketing, or communication firms whose clients are ineligible companies
- Bio-medical startups that have begun a governmental regulatory approval process
- Compounding pharmacies that manufacture proprietary compounds
- Device manufacturers or distributors
- Diagnostic labs that sell proprietary products
- Growers, distributors, manufacturers or sellers of medical foods and dietary supplements
- Manufacturers of health-related wearable products
- Pharmaceutical companies or distributors
- Pharmacy benefit managers
- Reagent manufacturers or sellers

Organizations with whom the Academy may jointly provide accredited continuing education activities (defined as **eligible organizations**) are those whose mission and function are: (1) providing clinical services directly to patients; or (2) the education of healthcare professionals; or (3) serving as fiduciary to patients, the public, or population health; and other organizations that are not otherwise ineligible. Examples of such organizations include:

- Ambulatory procedure centers
- Blood banks
- Diagnostic labs that do not sell proprietary products
- Electronic health records companies
- Government or military agencies
- Group medical practices
- Health law firms
- Health profession membership organizations
- Hospitals or healthcare delivery systems
- Infusion centers
- Insurance or managed care companies
- Nursing homes
- Pharmacies that do not manufacture proprietary compounds
- Publishing or education companies
- Rehabilitation centers
- Schools of medicine or health science universities
- Software or game developers

To facilitate our determination that you are an eligible company, and as such the Academy is permitted to enter into a joint provider relationship with your organization, we ask that you complete the following questionnaire and return it for our review.

I. Organization

| | |
|-----------------------------------|----------------------|
| Organization _____ | Tax ID _____ |
| Mailing Address _____ | |
| City _____ | State _____ |
| Postal Code _____ | Country _____ |
| Contact Phone _____ | Fax _____ |
| Organization website _____ | |
| Contact Email _____ | |

II. Mission

1. Please provide your mission statement.

2. Does your organization type fall within the examples of **eligible company** provided above?

- Yes
- No

If Yes, which one: _____

3. Does your organization, or a part of your organization, produce, market, re-sell, or distribute healthcare products used by or on patients?

- Yes
- No

4. Does your organization advocate for, or on behalf of, an ineligible company?

- Yes
- No

III. Corporate Structure

1. Does your organization have a **parent company** (defined as “a separate legal entity that owns or fiscally controls an organization”) that produces, markets, re-sells, or distributes healthcare products used by or on patients, and/or advocates for, or on behalf of, an ineligible company?

- Yes
- No

| |
|---|
| Parent Company _____ |
| Address _____ |
| City _____ State _____ |
| Postal Code _____ Country _____ |
| Organization website _____ |

If yes, please identify your parent company and attach a brief overview of your parent company or a copy of their mission statement.

2. Does your organization have a sister company (defined as “a separate legal entity which is a subsidiary of the same parent company that owns or fiscally controls an organization”) that produces, markets, re-sells, or distributes healthcare products used by or on patients, and/or advocates for, or on behalf of, ineligible companies?

- Yes
- No

If Yes, please answer the following four questions:

- a) Does your organization share management, employees, or governance structure with the sister company? (An example of a corporate structure that meets ACCME’s requirements for independence can be found [here](#).)
 - Yes
 - No

- b) Are any owners, employees, or agents of the sister company involved in the planning, development, or implementation of educational content?
 - Yes
 - No

- c) Does the sister company control or influence, in whole or in part, the operations of your organization?
 - Yes
 - No



d) Does your organization have a corporate firewall in place to maintain independence in the development of content and implementation of activities?

- Yes
- No

If yes, please attach a description of the elements of your firewall, as well as an organizational chart that depicts how your organization and management and content-related personnel are distinct and separate from those that are involved in providing commercial or other company-directed activities for an ineligible company.

If yes, please also attach an organizational chart that depicts how your organization and management and content-related personnel are distinct and separate from those that are involved in providing commercial or other company-directed activities for a commercial interest.

IV. Attestation

I hereby certify that the above information is correct and that American Academy of CME, Inc. will be immediately notified if any of the above information changes.

Signature _____ **Date** _____

Print Name _____ **Title** _____

ACADEMY REVIEW AND ACCEPTANCE

This organization has been reviewed and approved as a joint provider of continuing education activities with the Academy.

Signature _____ **Date** _____

Title _____