

Letter of Agreement (LOA) for Commercial Support

Activity Information

CME Activity Title:	
Activity Date(s):	
Location (if applicable):	
Activity Type:	Live Activity Enduring Material RSS (Regularly Scheduled Series)

Commercial Supporter Information

Commercial Interest (Company Name):	
Address:	
Contact Person:	
Phone:	
Email:	

Support Details

Type of Support	Amount or Value	Description / In-Kind Contribution	Letter of Agreement Received (Y/N)
<input type="checkbox"/> Educational Grant (Monetary)	\$		<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> In-Kind Donation	\$ (estimated value)		<input type="checkbox"/> Y <input type="checkbox"/> N

Type of Support	Amount or Value	Description / In-Kind Contribution	Letter of Agreement Received (Y/N)
<input type="checkbox"/> Exhibit or Display Support	\$		<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Other (specify): _____	\$		<input type="checkbox"/> Y <input type="checkbox"/> N

Terms and Conditions
1. Independence:

Commercial Support is provided **with full independence**. The commercial supporter will have **no influence over content, faculty selection, educational format, or evaluation** of the CME activity.

2. Use of Funds:

All funds must be made payable to **TidalHealth Peninsula Regional CME Program** and will be used **solely for the educational purposes** of the specified CME activity.

3. Acknowledgment of Support:

The nature and source of commercial support will be disclosed to learners **prior to the beginning** of the educational activity. Disclosure will not include the value of the support.

4. Separation from Promotion:

Promotional activities, product exhibits, or marketing materials must be **kept separate** from the CME educational space and content.

5. Accountability:

The accredited provider (TidalHealth CME Program) is responsible for all decisions related to the identification of educational needs, determination of educational objectives, selection and presentation of content, and evaluation of the activity.

6. Financial Reconciliation:

The CME Program will provide, upon request, a report detailing the expenditure of the commercial support funds.



Agreement Signatures

By signing below, the parties agree to abide by the ACCME Standards for Integrity and Independence in Accredited Continuing Education and the terms outlined above.

For Commercial Supporter

Name:	
Title:	
Signature:	
Date:	

For Accredited Provider (TidalHealth CME Program)

Name:	
Title:	
Signature:	
Date:	

Contact Information:

TidalHealth Peninsula Regional CME Program

Email: cme@tidalhealth.org

Phone: **410-912-5746**

Address: 100 E. Carroll St., Salisbury, MD 21801