



EDUCATION PARTNER ATTESTATION FORM

The American College of Emergency Physicians (ACEP) is committed to ensuring that all jointly provided activities are planned and implemented in accordance with the Accreditation Council for Continuing Medical Education (ACCME) Criteria, Standards for Integrity and Independence in Accredited Continuing Education, and Policies. Accredited Continuing Education provides clinically relevant educational activities for practitioners to promote improvements or quality in health care that are independent of the control of an ineligible company. As part of this commitment, **ACEP does not certify activities with ineligible companies. An ineligible company is defined by the ACCME as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.**

An ineligible company cannot take the role of non-accredited provider in a joint providership relationship. Therefore, it is the responsibility of the ACEP to ensure that all non-accredited organizations with which we collaborate are not considered an ineligible company or owned or controlled by an ineligible company. To facilitate the determination of your eligibility to enter into a joint providership relationship with ACEP, we ask that you complete the following questionnaire and return it for our review.

I. Organization

Company Name _____ Tax ID _____

Address _____

City, State, Zip _____

Contact Name _____

Telephone _____ Email _____

II. Mission

A. Is your organization involved in providing commercial or other company-directed activities or services for pharmaceutical companies, medical device manufacturers, nutraceutical or herbal supplement companies, etc., including but not limited to advertising/promotional services, publication planning, speaker bureau management, speaker training, and advisory board/consultant meeting planning?

Yes No

B. Please provide a brief overview of your organization or attach a copy of your mission statement.

III. Corporate Structure

A. A parent organization is defined as one that owns and fiscally controls another organization. In that context, do you have a parent organization?

Yes No

B. If yes, please identify your parent organization.

Name _____ Tax ID _____

Address _____

City, State, Zip _____

Website _____

C. If applicable, please provide a brief overview of your parent organization or attach a copy of their mission statement.

D. the ACCME defines an ineligible company as **“any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.”** If applicable, do you believe that your parent organization is an ineligible company as defined by the ACCME?

Yes No

E. Is your organization part of a larger family of companies that is affiliated with any other organization(s) (i.e. do you have any sister companies)?

Yes No

F. Is any organization (sister company) that you are affiliated with involved in providing commercial or other company-directed activities or services for pharmaceutical companies, medical device manufacturers, nutraceutical or herbal supplement companies, etc., including

but not limited to advertising/promotional services, publication planning, speaker bureau management, speaker training, and advisory board/consultant meeting planning?

Yes [complete section IV, Corporate Firewalls]

No [proceed to section V, Attestation]

IV. Corporate Firewalls

If any affiliate (sister company) or subsidiary of your organization is involved in providing commercial or other company-directed activities for an ineligible company, you must have a corporate firewall in place to maintain independence in the development of content and implementation of CME activities. Therefore, please verify that your organization has guidelines and firewalls in place to provide for separation of CME and promotional staff (**e.g. independent, non-overlapping management (including CEO, president, Board), distinct and separate staff responsible for the development of educational content, separate physical locations, different telephone and fax numbers and Internet domains for e-mail addresses, individual computer networks, etc.**).

A. Please describe the elements of your firewall.

B. 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 an ineligible company.

V. Attestation

A. I hereby certify that the above information is correct and that ACEP will be immediately notified if any of the above information changes.

Signature _____ Date _____

Print Name _____ Title _____

REVIEW & ACCEPTANCE

This organization has been reviewed and approved as a joint provider of CME activities.

Signature: _____ Date: _____

Sandy Mardant
Senior CME Accreditation Manager