



Educational Partner Attestation Form

Hormone Science to Health

The Endocrine Society (ES) is committed to ensuring that all ES-sponsored CME activities are planned and implemented in accordance with the ACCME Elements, Criteria, Standards for Commercial Support (SCS), and Policies; and to providing clinically relevant educational activities that will facilitate improvements in physician competence and/or performance, toward improving the quality of health care. As part of this commitment, the Endocrine Society does not partner with commercial interests, as defined by ACCME and in accordance with SCS 1, in planning or implementing CME-certified educational activities.

ACCME's current definition of a commercial interest is as follows:

A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

ACCME's Standards for Commercial Support, Standard 1.1 states that CME providers must ensure that decisions regarding the identification of CME needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations in a position to control CME content, selection of educational methods, and evaluation of all CME activities be made free of the control of a commercial interest.

To ensure that we remain in full compliance with letter and intent of Standard 1, the Endocrine Society is requesting the information below from all current and prospective educational partners.

I. Organization

Name: _____	Tax ID: _____
Street Address: _____	
City, State, Zip: _____	
Website: _____	
Contact: _____	
Contact's Title: _____	
Phone: _____	Fax: _____
E-mail: _____	

II. Overview and Mission

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

III. Accreditation

a. Is your organization ACCME accredited?

- Yes, 2-year provisional
- Yes, 4 year accreditation. *Please provide the date (month, year) of your most recent accreditation decision: _____*
- Yes, 6 year accreditation with commendation. *Please provide the date (month, year) of your most recent accreditation decision: _____*
- No

b. Are you accredited to provide continuing education by organizations other than ACCME (e.g., the American Nurses Credentialing Center [ANCC], the Accreditation Council for Pharmacy Education [ACPE], etc.)

- Yes No

If yes, please list the accrediting organizations:

IV. Corporate Structure

a. Is your organization involved in providing commercial or other company-directed activities or services for pharmaceutical, medical device, or biotechnology companies or other companies that provide health care products or services, including but not limited to advertising/promotional services, publication planning, speaker bureau management, speaker training for promotional purposes, or advisory board/consultant meeting planning?

Yes No

b. Do you have a parent organization, defined as an organization that owns and fiscally controls your organization and any sister organizations?

Yes No

If yes, please identify your parent organization:

Name: _____	Tax ID: _____
Street Address: _____	
City, State, Zip: _____	
Website URL: _____	
Phone: _____	Fax: _____

c. If applicable, please provide a brief overview of your parent organization and attach a copy of its mission statement.

d. Is your parent organization a commercial interest, as defined by ACCME (see definition on page 1)?

Yes No Not applicable

e. Is your organization part of a larger family of companies that is affiliated with any other organization(s) (i.e., does your organization 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, etc., including but not limited to advertising/promotional services, publication planning, speaker bureau management, speaker training for promotional purposes, or advisory board/consultant meeting planning?

Yes *(please complete section IV, Corporate Firewalls)*

No *(please proceed to section V, Attestation)*

Not Applicable *(please proceed to section V, Attestation)*

V. Corporate Firewalls

If any parent or affiliate organization is involved in providing commercial or other company- directed activities or services for a commercial interest, 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; 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 or description explaining how your organization and management and content-related personnel are distinct and separate from those who are involved in providing commercial or other company-directed activities or services for a commercial interest.

VI. Attestation

I hereby certify that the information provided above is correct and that the Endocrine Society will be notified immediately if any of this information changes.

Signature: _____ Date: _____

Print name: _____ Title: _____

REVIEW and ACCEPTANCE

The Endocrine Society has been reviewed and approved the organization as an educational partner. This approval extends for a 12-month period from the date indicated below.

Signature: _____ Date: _____

Print name: _____ Title: _____