

THE METROHEALTH SYSTEM  
CONTINUING MEDICAL EDUCATION  
COMMERCIAL SUPPORT AGREEMENT



\_\_\_\_\_ has provided a grant to THE METROHEALTH FOUNDATION, in support of The MetroHealth System's Department of \_\_\_\_\_ for \$ \_\_\_\_\_ to be used toward the cost of providing the CME activity \_\_\_\_\_ CID # \_\_\_\_\_ to be held on \_\_\_\_\_ at MetroHealth Medical Center.

The representative of \_\_\_\_\_

Name

Address

Phone

The MetroHealth System Activity Director

Name

Address 2500 MetroHealth Drive

Cleveland, OH 44109

Dept of

Phone

**Acknowledge that this grant is awarded and will be handled in accordance with the current Guidelines of the Pharmaceutical Manufacturer's Association and the American Medical Association, the Commercial Support Standards of the Accreditation Council for Continuing Medical Education, and the Guidelines and policies of the MetroHealth System CME Office. Five percent of each donor gift is designated to the MetroHealth Fund to help support philanthropic initiatives of The MetroHealth System.**

We have read the Policy on Commercial Support for Continuing Medical Education Activities.

Signature: \_\_\_\_\_ See attached letter with signature page Date: \_\_\_\_\_  
Representative

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Activity Director

**RETURN A SIGNED COPY** of this agreement to the activity director listed above for each grant received.

Make Checks Payable to: The MetroHealth Foundation - (Attach a copy of this agreement to each check)  
The MetroHealth Foundation Tax ID #34-6607695

Questions may be directed to: Kimberly Montgomery, CME Specialist  
MetroHealth Medical Center  
CME Office, Rm. A-107 - (216) 778-5281