

## LETTER OF AGREEMENT

Between the University of Washington School of Medicine and a Commercial Source  
in the use of Contributed Funds for Continuing Medical Education Activities

(Please Print)

Program Name \_\_\_\_\_

Course number: \_\_\_\_\_

Location \_\_\_\_\_

Date(s) \_\_\_\_\_

**Commercial Supporter (Company name/branch)**

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

FAX \_\_\_\_\_

Contact Person \_\_\_\_\_

**Educational Partner**

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

FAX \_\_\_\_\_

Contact Person \_\_\_\_\_

Email \_\_\_\_\_

### GRANTING OF EDUCATIONAL SUPPORT BY COMMERCIAL SOURCE

The above named company wishes to provide the following educational support of the above continuing medical education activity:

educational grant in the amount of \$ \_\_\_\_\_ for the support of the course

**The Commercial Supporter** agrees to abide by the Accreditation Council for Continuing Medical Education's "Standards for Commercial Support of Continuing Medical Education." (copy attached)

Contact

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**The Educational Partner** agrees to abide by the Accreditation Council for Continuing Medical Education's "Standards for Commercial Support of Continuing Medical Education."

Contact

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### ACCEPTANCE OF EDUCATIONAL SUPPORT BY THE UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE

In accepting this educational support, the Accredited Sponsor agrees to: 1) abide by the ACCME "Standards for Commercial Support of Continuing Medical Education"; 2) acknowledges educational support by the commercial sources in program brochures, syllabi, and other program materials; and 3) upon request, furnish to the commercial supporter a report concerning the expenditures of funds provided.

Agreed \_\_\_\_\_ Date \_\_\_\_\_  
University of Washington School of Medicine Office of Continuing Medical Education

*The University of Washington School of Medicine is pleased to accept this support of the educational activity.*

<input checked="" type="checkbox"/>	The UW/CME authorizes <u>Washington Association of Physicians of Indian origin</u>
	to pay this contribution directly to: <u>Usha M Reddy /</u>
Contact Name/ Address	<u>1100 Bellevue Way NE, Ste.8A- #132, Bellevue, WA 98004</u>