

ATTACHMENT 7 - Commercial Support Agreement (IF APPLICABLE)
Individual Activity Applicant Name: _____

A commercial interest, as defined by the American Nurse's Credentialing Center (ANCC), is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. Nonprofit or government organizations, non-healthcare-related companies, and healthcare facilities are not considered commercial interests.

Commercial support is financial or in-kind contributions given by a commercial interest that are used to pay for all or part of the costs of a CNE activity.

Note: Organizations providing commercial support may not provide or joint provide an educational activity.

Title of Educational Activity:	
Activity Location (if live):	Activity Date (if live):
Name of Commercial Interest Organization:	
Name of Individual Activity Applicant :	
Total amount of Commercial Support:	
Area(s) of activity Commercial Interest organization would like to support:	
<input type="checkbox"/> Unrestricted <input type="checkbox"/> Restricted* <ul style="list-style-type: none"> <input type="checkbox"/> Speaker honoraria <input type="checkbox"/> Speaker expenses <input type="checkbox"/> Meal <input type="checkbox"/> Other (please list): 	

** Commercial interest may request that funds be used to support a specific part of an educational activity. The Individual Activity Applicant may choose to accept the restriction or not accept the commercial support. The Individual Activity Applicant maintains responsibility for all decisions related to the activity as described below.*

Terms and Conditions	
1.	All organizations must comply with the <i>ANCC Content Integrity Standards for Industry Support in Continuing Educational Activities</i> which is available on the ANCC Accreditation web page.
2.	This activity is for educational purposes only and will not promote any proprietary interest of Commercial Interest organization providing financial or in-kind support.
3.	The Individual Activity Applicant is responsible for all decisions related to the educational activity. The Commercial Interest organization providing financial or in-kind support may not participate in any component of the planning process of an educational activity, including: <ul style="list-style-type: none"> ▪ Assessment of learning needs ▪ Determination of objectives

	<ul style="list-style-type: none"> ▪ Selection or development of content ▪ Selection of planners, presenters, faculty, authors and/or content reviewers ▪ Selection of teaching/learning strategies ▪ Evaluation methods
4.	The Individual Activity Applicant will make all decisions regarding the disposition and disbursement of commercial support in accordance with ANCC criteria.
5.	All commercial support associated with this activity will be given with the full knowledge and consent of the Individual Activity Applicant . No other payments shall be given to any individuals involved with the supported educational activity.
6.	Commercial support will be disclosed to the participants of the educational activity.
7.	Commercial Interest Organizations may not exhibit, promote or sell products or services during the introduction of an educational activity, while the educational activity takes place or at the conclusion of an educational activity, regardless of the format of the educational activity.

Statement of Understanding

An “X” in the boxes below serves as the electronic signatures of the representatives duly authorized to enter into agreements on behalf of the organizations listed and indicates agreement of the terms and conditions listed in the Commercial Support Agreement above.

Individual Activity Applicant:	
Address:	
Name of Representative:	
Email Address:	
Phone Number:	
Fax Number:	
_____ Electronic Signature (Required)	Date:
Completed By: (Name and Credentials)	

Commercial Interest Name:	
Address:	
Name of Representative:	
Email Address:	
Phone Number:	
Fax Number:	
_____ Electronic Signature (Required)	Date:
Completed By: (Name and Credentials)	