

Montana Nurses Association

**Approved Provider Commercial Support Agreement**

Updated 6/10/21

Ineligible companies (IC), as defined by the Standards for Integrity and Independence adopted by the American Nurses Credentialing Center (ANCC) are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Government organizations, non-healthcare-related companies, and healthcare facilities are not considered to be ineligible companies.

**Commercial support** is financial or in-kind support from ineligible companies that are used to pay for all or part of the costs of a nursing continuing professional development activity.

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

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| **Title of Educational Activity:** | |
| Activity Location (if live): | Activity Date (if live): |
| **Name of Ineligible Company:** | |
| **Name of Approved Provider:** | |
| **Total amount of Commercial Support:** | |
| **Complete description of all Commercial Support provided including both financial and in-kind support:**  Please check all that apply:  Unrestricted  Restricted\*  Speaker honoraria  Speaker expenses  Meal  Other (please list): | |

*\** *Ineligible company commercial support may request that funds be used to support a specific part of an educational activity. The Approved Provider may choose to accept the restriction or not accept the commercial support. The Approved Provider maintains responsibility for all decisions related to the activity as described below.*

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| **Terms and Conditions** | |
| 1. | All organizations must comply with the *Standards for Integrity and Independence* adopted by the American Nurses Credentialing Center (ANCC)  <https://accme.org/sites/default/files/2021-01/881_20201210_New_Standards_Info_Package%20%284%29.pdf> |
| 2. | This activity is for educational purposes only and will not promote any proprietary interest of an Ineligible Company providing financial or in-kind support.   * The ineligible company will not recruit learners from the educational activity for any purpose |
| 3. | The Approved Provider is responsible for all decisions related to the educational activity. The Ineligible Company providing financial or in-kind support may **not** participate in any component of the planning process or implementation of an educational activity, including:   * + - Assessment of learning needs and professional practice gap     - Learning outcomes     - Selection or development of content     - Selection of planners, presenters, faculty, authors and/or content reviewers     - Selection of teaching/learning strategies     - Evaluation methods |
| 4. | The Approved Provider 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 approval of the Approved Provider. 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. | Ineligible Companies 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.

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| **Approved Provider Name:** |  |
| **Address:** |  |
| **Name of Representative:** |  |
| **Email Address:** |  |
| **Phone Number:** |  |
| **Fax Number:** |  |
| **Electronic Signature (Required) Date:** | |
| **Completed By:**  **(Name and Credentials)** |  |

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| --- | --- |
| **Ineligible Company Name:** |  |
| **Address:** |  |
| **Name of Representative:** |  |
| **Email Address:** |  |
| **Phone Number:** |  |
| **Fax Number:** |  |
| **Electronic Signature (Required) Date:** | |
| **Completed By:**  **(Name and Credentials)** |  |