WMed CE Office

Grant Information Worksheet for a Directly Provided Activity

Budget: Your department is financially responsible for any expenses not covered in the budget / grant funding. Due to the nature of educational grants, commercial companies will not provide additional funding after the program if the expenses exceed the grant amount.

Grant Requirements: Your department is responsible for obtaining required information for grant requests, such as educational objectives and speaker qualifications. Most commercial companies do not allow their sales reps to contact speakers for information regarding grant requests. This is due to the need to separate their promotional activities from educational activities in accordance with PhRMA guidelines and OIG guidelines.

Honorarium: Honorarium amounts are not determined by the commercial company, the speaker should be able to communicate what their fees are. Guidelines are available from the CME Department.

Activity Information: More information may be required by the commercial company than requested on this form. Please allow enough time for the CE Coordinator to contact you for additional information.

Deadlines: Each commercial company has its own deadline for grant request submissions. Please allow enough time for the CE Coordinator to submit the request and contact you if additional information is needed. The CE Office will not submit requests if the deadline has already passed.

## Definitions

Commercial Company: Pharmaceutical companies, medical supply companies, or other for-profit commercial companies. See application policies for full definition and list of exceptions.

OIG: The Office of Inspector General (OIG) of the Department of Health and Human Services. The OIG implemented guidelines that aim to eliminate improper conduct from the operations of a pharmaceutical manufacturer.

PhRMA: Pharmaceutical Research and Manufacturers of America. PhRMA has guidelines that focus on interactions between healthcare professionals and pharmaceutical reps in relation to the marketing of pharmaceutical products.

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| --- | --- |
| Activity Details | |
| Activity Name |  |
| Lecture Title (for RSS) |  |
| Date |  |
| Location |  |
| Lecture Overview |  |
| Statement of Educational Need |  |
| Learning Objectives |  |
| Speaker’s Instructional Methods |  |
| Program Agenda (start & stop times) |  |
| Estimated Number of Attendees |  |
| Amount to Be Requested |  |

|  |  |
| --- | --- |
| Grantor Details | |
| Company Providing Support |  |
| Grant Website URL |  |

|  |  |
| --- | --- |
| Speaker Details (Add lines as needed) | |
| Name |  |
| Affiliation |  |
| Qualifications |  |
| Email Address |  |
| Phone Number |  |

|  |  |  |
| --- | --- | --- |
| Budget Details | | |
| Honorarium | |  |
| Plane Ticket | |  |
| Airport Parking | |  |
| Hotel | |  |
| Hotel Parking | |  |
| Speaker Meals | |  |
| Mileage | |  |
| Taxi/Shuttle | |  |
| Catering at Meeting | |  |
| A/V Equipment | |  |
| Other: |  |  |
| Other: |  |  |
|  | |  |
| GRANT REQUEST TOTAL | | = $ |

Please email this form to the WMed CE Office ([ce@med.wmich.edu](mailto:ce@med.wmich.edu)) ASAP.