



VERIFICATION OF COMMERCIAL SUPPORT DOCUMENTATION

To help verify that the *Standards for Commercial Support of CME* (ACCME) are satisfied, each activity which acquires commercial support must be certified by this document **two weeks prior to the date of the activity**. Please provide information regarding the following:

- All commercial support (education grants and in-kind support) in general support of the activity; and
- All exhibit revenue

NAME OF ACTIVITY: _____

DATE OF ACTIVITY: _____

EDUCATION GRANTS, IN-KIND SUPPORT, COMMERCIAL SUPPORT (all commercial support must be documented by signed *Letters of Agreement* between the supporter, the CME provider, and any applicable joint sponsors. *If none exist write N/A in the section(s) box below*):

Name of SUPPORTER	Amount (cash or in-kind)	Signed Letter of Agreement (to be Initialed by Business Mgr)	Properly Listed on Announcements (Director initials)

[Add more lines as needed]

EXHIBITORS

Name of EXHIBITOR (indicate if they are a higher level of exhibitor)	Amount (to be initialed by Bus Mgr as complete)	Properly Listed on Announcements (Director initials)

[Add more lines as needed]

Activity Coordinator for Program: The information above includes ALL commercial support and exhibit revenue for this activity (alternatively, you may attach the Grant/Exhibitor List from your Planning File instead of filling in the boxes above **WITH THIS FORM and write see attached**).

Signature of Department Activity Coordinator

Date

Signature, Director of CME

Date