

**(Name of Provider)**  
**JOINT PROVIDER AGREEMENT**  
*CPME Standard 1; requirement 1.6*

This Joint Provider Agreement is between (Name of Approved Provider) and (Name of Joint Provider) for the provision of awarding continuing podiatric medical education contact hours for (Name of activity) on (Date of Activity).

Joint providers may take either of two forms:

- An approved provider may be asked by an organization to become a joint provider for an activity (with the non-approved organization identified as the joint provider). This information must be stated clearly in all materials advertising the activity and in materials disseminated at the time the activity is conducted. This information also must be submitted by the Approved Provider to the Council in CPME 740, *Annual Report for Provider of Continuing Education in Podiatric Medicine*.
- An approved provider participates with another approved provider. In this case, one provider assumes primary responsibility for the activity. The joint provider agreement must clearly identify which provider is filling the role of the approved provider and which is acting as the joint provider in this agreement. This information must be stated clearly in all materials advertising the activity and in materials disseminated at the time the activity is conducted. This information must also be submitted to the Council in CPME 740, *Annual Report for Provider of Continuing Education in Podiatric Medicine*.

(Name of Approved Provider) and (Name of Joint Provider) agree to enter into a Joint Provider arrangement, the terms and conditions of which are to plan and implement the above referenced continuing education (CE) activity. This agreement is effective from \_\_\_\_\_ to \_\_\_\_\_, or until such time as all responsibilities outlined herein are fulfilled.

As part of the Joint Provider Agreement, the (Name of Approved Provider) and (Name of Joint Provider) agree to the terms and conditions described below.

**Description of Services: (Name of Approved Provider) shall provide the following services:**

**(Name of Provider)**  
**JOINT PROVIDERSHIP AGREEMENT – continued**

**ROLE OF THE APPROVED PROVIDER**

As the approved Provider of the CE activity, (Name of Approved Provider) will take all actions necessary to ensure compliance with the Council on Podiatric Medical Education (CPME) Standards and Requirements for Approval of Providers of Continuing Education in Podiatric Medicine. Any action not explicitly stated here, but deemed necessary by (Name of Approved Provider) to comply with these requirements will be implemented. (Name of Approved Provider) will have the final decision, including withdrawal of its approval for the activity up to and during the activity if the joint provider fails to meet the (Name of Approved Provider) terms of this agreement.

**DISCLOSURE OF FINANCIAL INTERESTS AND OFF LABEL USES**

(Name of Approved Provider) must ensure balance, independence, objectivity, and scientific rigor in all its joint provider activities. A disclosure agreement must be completed by all individuals who have influence over the content of the educational activity (i.e., course director(s), planning committee, faculty, etc.). Any individual who refuses to disclose relevant financial relationships will be disqualified from influencing CE content and cannot have control of, or responsibility for, the development, management, presentation, or evaluation of the activity.

The activity complies with the (Name of Approved Provider) policy on disclosure of relevant financial relationships. The CPME defines conflict of interest as circumstances when an individual or organization has an opportunity to affect content of educational activities regarding products or services in which they have a financial relationship. A commercial interest is defined as any organization manufacturing, producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. If a conflict of interest exists, then the activity director will follow the (Name of Approved Provider) policies and processes to resolve it.

(Name of Joint Provider) is responsible for making sure that all activity planners and instructors complete, sign and return said forms by the requested date.

Instructors are also required to disclose if the product being addressed is not labeled for the use under discussion. Compliance that this disclosure has taken place must be documented. This information must be disseminated to all activity participants.

**COMMERCIAL SUPPORT**

All commercial support for the activity meets the requirements of CPME.

(Name of Approved Provider) must be apprised of all educational grants and the way in which funds have been used. Where there is commercial support, there must be a written agreement that includes:

**(Name of Approved Provider)**  
**JOINT PROVIDERSHIP AGREEMENT – continued**

- Name of the provider, joint provider (if applicable), commercial interest, amount of the unrestricted grant and/or in-kind commercial support
- Title, date(s), and location(s) of the continuing education activity
- Printed names and dated, authorized signatures
- Confirmation that the continuing education activity is for scientific or educational purposes only and is not intended to directly or indirectly promote a commercial interest
- Confirmation that the (Name of Approved Provider) is solely responsible for the design and educational content of the continuing education activity, production of educational and audiovisual materials, and selection of all instructors
- Confirmation that the (Name of Approved Provider) ensures the separation of commercial exhibits or activities from the continuing education activity
- Confirmation that the (Name of Approved Provider) exercises full control in managing unrestricted funds provided by commercial interests

The funds must be unrestricted, and the grant must be made payable to the provider or the joint provider. All support associated with an activity, whether in the form of an educational and/or in-kind grant, is given with the full knowledge and approval of the provider. The provider may designate a third party (e.g., a contracted education company) to act under its direction and control as its agent.

The provider is solely responsible for determining the amount of honorarium or other support it pays to instructors and consultants.

The provider may elect to make available scholarships or other special funding to allow podiatric medical students, residents, and fellows to participate in selected educational activities (e.g., the annual meeting of a national specialty society). Selection of recipients is made by either the academic institution or training program. The decision regarding which meetings are appropriate for students, residents, or fellows to attend is to be made by the academic institution or training program or by the provider. Support is not to be used to send students, residents, or fellows to meetings selected by the commercial interest.

Hospitality subsidies are to be limited to modest refreshments and meals for learners as part of the official program. Hotel arrangements may be handled by any agency the provider chooses to employ.

The provider may not use commercial support to pay for travel, lodging, registration, honoraria, or personal expenses for learners at an educational activity.

The provider has the discretion to use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers for the provider, joint provider, or educational partner.

**(Name of Approved Provider)**  
**JOINT PROVIDERSHIP AGREEMENT – continued**

A provider must not award CECH for individual lectures or workshops listed or designated in the program agenda as supported by commercial interests.

**CE APPROVAL STATEMENTS**

The approved provider must use the following approval statement in reference to its approval status in publications, certificates, instructional media, and other publications pertaining to the continuing education activity.

“(Name of Approved Provider) is approved by the Council on Podiatric Medical Education as a provider of continuing education in podiatric medicine. (Name of Approved Provider) has approved this activity for a maximum of \_\_\_\_\_ continuing education contact hours.”

Joint providers must use the following approval statement in reference to their approval status in publications, certificates, instructional media, and other publications pertaining to the continuing educational activity.

“This activity has been planned and implemented in accordance with the standards and requirements for approval of providers of continuing education in podiatric medicine through a joint provider agreement between (Name of Approved Provider) and (Name of Joint Provider). (Name of Approved Provider) is approved by the Council on Podiatric Medical Education as a provider of continuing education in podiatric medicine. (Name of Approved Provider) has approved this activity for a maximum of \_\_\_\_\_ continuing education contact hours.”

No other approval statements may be used.

**EDUCATIONAL ACTIVITY EVALUATION**

All educational activities must be formally evaluated. An evaluation summary will be prepared by the Joint Provider and forwarded to (Name of Approved Provider) for review and record keeping.

**COMPENSATION**

(Name of Joint Provider) shall pay (Name of Approved Provider) \$\_\_\_\_\_ for the services outlined above.

**TERMINATION**

Either party may terminate this Agreement by providing \_\_\_\_\_ days written notice of termination to the other party.

**Joint Provider’s Responsibilities:**

The joint provider must submit the following to the provider before (date due) the continuing education activity:

**(Name of Approved Provider)**  
**JOINT PROVIDERSHIP AGREEMENT – continued**

- List of planning committee members and their completed disclosure forms
- List of instructors, professional qualifications, and completed disclosure forms
- Evidence-based needs assessment
- Learning objectives for the overall activity
- Agenda to include times, lecture titles, and instructors
- Preliminary budget to include all sources of income and expenses
- Promotional materials for approval prior to distribution
- Signed unrestricted commercial interest agreements
- Blank evaluation form

The joint provider must submit the following to the provider **after (date due)** the continuing education activity:

- Final agenda
- Final activity publication
- Final budget reconciliation including actual income and expenses
- Final roster of learners
- Evaluation summary
- Proof of disclosure verification

I have read, understood, and agreed to comply with the above stated regulations. I recognize that continuing education contact hours (CECH) provided by (Name of Approved Provider) is subject to these regulations and (CECH) may be withdrawn if these regulations are not appropriately met.

**Agreed by:**

**Approved Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Joint Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_