



**Memorandum of Agreement  
between  
Health Authority – Abu Dhabi (HA-AD)  
and**

\_\_\_\_\_

**(herein after known as the Commercial Supporter)**

**Title of CME Activity:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Amount of Educational Grant:** \_\_\_\_\_

**CONDITIONS**

- 1. Statement of Purpose:** Program is for scientific and educational purposes only and will not promote the Commercial Supporter's products, directly or indirectly.
- 2. Control of Contents & Selection of Presenters & Moderators:** The HAAD is responsible for control of content and selection of presenters and moderators. The Commercial Supporter must agree not to direct the content of the program. The Commercial Supporter, or its agents, must respond only to HAAD-initiated requests for suggestions of presenters or sources of potential presenters. The Commercial Supporter will suggest more than one name (if possible); will provide speaker qualifications; will disclose financial or other relationships between the Commercial Supporter and speaker, and will provide this information in writing. The HAAD must record the role of the Commercial Supporter, or its agents, in suggesting presenters; will seek suggestions from other sources; and will make selection of presenter(s) based on balance and independence.
- 3. Disclosure of Financial Relationships:** The HAAD will ensure meaningful disclosure to the audience, at the time of the program, of (a) the Commercial Supporter funding and (b) any significant relationship between the HAAD and the

- Commercial Supporter or between individual speakers or moderators and the Commercial Supporter.
4. **Involvement in Content:** There will be no “scripting”, emphasis, or direction of content by the Commercial Supporter or its agents.
  5. **Ancillary Promotional Activities:** No promotional activities will be permitted in the same room as the educational activity. No product advertisements will be permitted in the program room.
  6. **Objectivity and Balance:** The HAAD must make every effort to ensure that the Commercial Supporter’s products (*or competing products*) are objectively selected and presented, with favourable and unfavourable information and balanced discussion of prevailing information on the product(s) and /or alternative treatments.
  7. **Limitations on Data:** The HAAD must ensure, to the extent possible, meaningful disclosure of limitations on data, e.g. ongoing research, interim analyses, preliminary data, or unsupported opinion.
  8. **Discussions of Unapproved Uses:** The HAAD must require that presenters disclose when a product is not approved by the FDA or other international health authorities for the use under discussion.
  9. **Opportunities for Debate:** The HAAD must ensure meaningful opportunities for questioning or scientific debate.
- 10. Independence of the HAAD in the Use of Contributed Funds:**
- a. Funds should be in the form of an educational grant made payable to the HAAD
  - b. All other support associated with the CME activity (*e.g. distributing brochures, preparing slides etc.*) must be given with the full knowledge and approval of the HAAD
  - c. **No** other funds from the Commercial Supporter can be paid to the program director, faculty or others involved with the CME activity (*additional honoraria, extra social events etc.*)

The Commercial Supporter agrees to abide by all requirements of the AACME *Standards for Commercial Support of Continuing Medical Education* and the *HAAD Policy on Commercial Support for CME*.

The HAAD agrees to: 1) abide by the AACME *Standards for Commercial Support of Continuing Medical Education* 2) acknowledge educational support by the Commercial Supporter in program brochures, syllabi and other program materials; and 3) upon request, furnish the Commercial Supporter a report concerning the expenditure of the funds provided.

**AGREED**

(Insert name of **Commercial Supporter**) representative:

(Insert name) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Activity Director:/Moderator Name:**

(Insert name) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Accredited Organization:**

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_