DES MOINES UNIVERSITY
MEDICINE & HEALTH SCIENCES

LETTER OF AGREEMENT

Activity title:

Activity date:

Presentation title:

Speaker name:

Speaker agrees to teach for the named continuing medical education activity in consideration of a(n):

Honorarium: **Travel expenses (explain):**

1. **Statement of Purpose:** Activity is for scientific and educational purposes only and will not promote a company's products, directly or indirectly.
2. **Control of Content and Selection of Presenters and Moderators:** Provider is ultimately responsible for controlling content and selecting presenters and moderators. Speaker, and its agents, will respond only to Provider-initiated requests for presenters' suggestions or sources of possible presenters. Company will suggest more than one name (if possible); it will provide speaker qualifications; will disclose financial or other relationships between company and speaker, and provide this information in writing. The provider will record the role of company, or its agents, in suggesting presenter(s); seek suggestions from other sources and make a selection of presenter(s) based on balance and independence.
3. **Disclosure of Financial Relationships:** Provider will ensure disclosure to the audience of (a) any company funding and (b) any significant relationship between the Provider and the company (e.g., grant recipient) or between individual speakers or moderators and the company.
4. **Involvement in Content:** There will be no "scripting", emphasis, or influence on content by the company or its agents.
5. **Ancillary Promotional Activities:** No promotional activities will be permitted in the same room or obligate path as the educational activity. No product advertisements will be permitted in the activity room.
6. **Objectivity and Balance:** Provider will make every effort to ensure that data regarding the company's products (or competing products) are objectively selected and presented, with favorable and unfavorable information and balance discussion or prevailing information on the product(s) and/or alternative treatments.
7. **Limitations of Data:** Provider will ensure, to the extent possible, disclosure of any limitations of data, e.g., ongoing research, interim analyses, preliminary data, or unsupported opinion.
8. **Discussion of Unapproved Uses**: Provider will require that presenters disclose when a product is not approved in the United States for the use under discussion.
9. **Opportunities for Debate:** Provider will ensure opportunities for questioning or scientific debate.
10. **Supplemental Funding:** Speaker will not accept money from other sources for participation in this conference.
11. **Patient Confidentiality:** Speaker agrees to protect patient confidentiality by removing any identifying factors before presenting.
12. **Disclosure:** Refusal to disclose relevant financial relationships to participants precludes you from participating and nullifies this contract.

Speaker: **Signature:** **Date:**

Provider: Mark Peiffer **Signature:** **Date:**