



## EDUCATION PARTNER ATTESTATION FORM

The American College of Emergency Physicians (ACEP) is committed to ensuring that all jointly provided activities are planned and implemented in accordance with the Accreditation Council for Continuing Medical Education (ACCME) Criteria, Standards for Integrity and Independence in Accredited Continuing Education, and Policies. Accredited Continuing Education provides clinically relevant educational activities for practitioners to promote improvements or quality in health care that are independent of the control of an ineligible company. As part of this commitment, **ACEP does not certify activities with ineligible companies. An ineligible company is defined by the ACCME as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.**

An ineligible company cannot take the role of non-accredited provider in a joint providership relationship. Therefore, it is the responsibility of ACEP to ensure that all non-accredited organizations with which we collaborate are not considered an ineligible company or owned or controlled by an ineligible company.

**To facilitate the determination of your eligibility to enter a joint providership relationship with ACEP, we ask that you complete the following questionnaire and return it for our review.**

### I. Organization Information

Company Name \_\_\_\_\_ Tax ID \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Name \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

### II. Mission:

A. Does your organization, or a part of your organization, produce, market, sell, re-sell, or distribute healthcare products used by or on patients?  Yes  No

B. Does your organization advocate for, or on behalf of, an ineligible company?

Yes  No

C. Does your organization develop, or assist in the development of, non-accredited education in collaboration/partnership with ineligible companies?

Yes  No

Please provide a brief overview of your organization or attach a copy of your mission statement.

### III. Corporate Structure

A. Does your organization have a parent company (a separate legal entity that owns or fiscally controls an organization) that:

- produces, markets, sells, re-sells, or distributes healthcare products used by or on patients, and/or...
- advocates for, or on behalf of, an ineligible company?
- develops, or assists in the development of, non-accredited education in collaboration/partnership with ineligible companies?

Yes  No

B. If yes, please identify your parent organization.

Name \_\_\_\_\_ Tax ID \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Website \_\_\_\_\_

C. If applicable, please provide a brief overview of your parent organization or attach a copy of their mission statement.

D. Does your organization have a sister company (a separate legal entity which is a subsidiary of the same parent company that owns or fiscally controls an organization) that:

- produces, markets, sells, re-sells, or distributes healthcare products used by or on patients, and/or...
- advocates for, or on behalf of, an ineligible company?
- develops, or assists in the development of, non-accredited education in collaboration/partnership with ineligible companies?

Yes  No

If YES to D:

1. Does your organization share management, employees, or governance structure with the sister company?  Yes  No
2. Are any owners, employees, or agents of the sister company involved in the planning, development, or implementation of educational content?  Yes  No
3. Does the sister company control or influence, in whole or in part, the operations of your organization?  Yes  No

**If your organization answers yes to any of these questions, it would likely be defined by ACCME as an ineligible company.**

#### IV. Corporate Firewalls

If any affiliate (sister company) or subsidiary of your organization is involved in providing commercial or other company-directed activities for an ineligible company, you must have a corporate firewall in place to maintain independence in the development of content and implementation of CME activities. Therefore, please verify that your organization has guidelines and firewalls in place to provide for separation of CME and promotional staff (**e.g. independent, non-overlapping management (including CEO, president, Board), distinct and separate staff responsible for the development of educational content, separate physical locations, different telephone and fax numbers and Internet domains for e-mail addresses, individual computer networks, etc.**).

A. Please describe the elements of your firewall.

B. Attach an organizational chart that depicts how your organization and management and content-related personnel are distinct and separate from those that are involved in providing commercial or other company-directed activities for an ineligible company.

V. Attestation

A. I hereby certify that the above information is correct and that ACEP will be immediately notified if any of the above information changes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

**REVIEW & ACCEPTANCE – ADMIN ONLY**

This organization has been reviewed and approved as a joint provider of CME activities.

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

Sandy Mardant or Candace Newby  
CME Office