



Commercial Support Agreement

A commercial interest, as defined by the American Nurse's Credentialing Center (ANCC), is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. Nonprofit or government organizations, non-healthcare-related companies, and healthcare facilities are not considered commercial interests.

Commercial support is financial or in-kind contributions given by a commercial interest that are used to pay for all or part of the costs of a CNE activity.

Note: Organizations providing commercial support may not provide or jointly provide an educational activity.

Title of Educational Activity: UNC Mild Traumatic Brain Injury and Non-Sports Related Concussion Symposium (nSRC)	
Activity Location (if live): Friday Center, Chapel Hill NC	Activity Date (if live): 9/08/2018
Name of Commercial Interest Organization:	
Name of Approved Provider: Greensboro AHEC	
Total amount of Commercial Support: 350.00	
Area(s) of activity Commercial Interest organization would like to support:	
<input type="checkbox"/> Unrestricted <input checked="" type="checkbox"/> Restricted* <ul style="list-style-type: none"> Speaker honoraria Speaker expenses Meal Other (please list): 	

** Commercial interest may request that funds be used to support a specific part of an educational activity. The Approved Provider may choose to accept the restriction or not accept the commercial support. The Approved Provider maintains responsibility for all decisions related to the activity as described below.*

Terms and Conditions	
1.	All organizations must comply with the <i>ANCC Content Integrity Standards for Industry Support in Continuing Educational Activities</i> which is available on the ANCC Accreditation web page.
2.	This activity is for educational purposes only and will not promote any proprietary interest of a Commercial Interest organization providing financial or in-kind support.

3.	The Approved Provider is responsible for all decisions related to the educational activity. The Commercial Interest organization providing financial or in-kind support may not participate in any component of the planning process of an educational activity, including: <ul style="list-style-type: none"> ▪ Assessment of learning needs ▪ Determination of objectives ▪ Selection or development of content ▪ Selection of planners, presenters, faculty, authors and/or content reviewers ▪ Selection of teaching/learning strategies ▪ Evaluation methods
4.	The Approved Provider will make all decisions regarding the disposition and disbursement of commercial support in accordance with ANCC criteria.
5.	All commercial support associated with this activity will be given with the full knowledge and consent of the Approved Provider. No other payments shall be given to any individuals involved with the supported educational activity.
6.	Commercial support will be disclosed to the participants of the educational activity.
7.	Commercial Interest Organizations may not exhibit, promote or sell products or services during the introduction of an educational activity, while the educational activity takes place or at the conclusion of an educational activity, regardless of the format of the educational activity.

Statement of Understanding

An “X” in the boxes below serves as the electronic signatures of the representatives duly authorized to enter into agreements on behalf of the organizations listed and indicates agreement of the terms and conditions listed in the Commercial Support Agreement above.

Approved Provider Name:	
Address:	Greensboro AHEC
Name of Representative:	Lisa Guy
Email Address:	lisa.guy@conehealth.com
Phone Number:	336-832-7483
Fax Number:	
_____ Electronic Signature (Required)	Date:
Completed By: (Name and Credentials)	Lisa Guy RN BSN CCRN 2/23/18

Commercial Interest Name:	
Address:	
Name of Representative:	
Email Address:	
Phone Number:	
Fax Number:	
_____ Electronic Signature (Required)	Date:
Completed By: (Name and Credentials)	

