\* **JOINT PROVIDER ATTESTATION FORM**

American Board of Quality Assurance and Utilization Review Physicians (ABQAURP)is committed to ensuring that all jointly provided accredited educational activities are planned and implemented in accordance with the Accreditation Council for Continuing Medical Education (ACCME) Accreditation Requirements, Policies and Standards for Commercial Support. The aim is to provide physicians and other healthcare providers with clinically relevant education that promotes improvements in the quality of health care and is independent of the control of commercial interests. As part of this commitment, **ABQAURP does not jointly provide CME activities with** **commercial interests, which are defined by the** **ACCME as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients**.

Standard 1.2 of the ACCME *Standards for Commercial Support* states that “a commercial interest cannot take the role of non-accredited provider in a joint providership relationship.” Therefore, it is the responsibility of ABQAURP to ensure that all non-accredited organizations with which we collaborate are not commercial interests, owned or controlled by a commercial interest. To facilitate the determination of your eligibility to enter into a joint providership relationship with ABQAURP**,** we ask that you complete the following questionnaire and return it for our review.

1. **Organization**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |   | Tax ID |   |
| Legal Entity Name |   |  |  |
| Type of Organization |  Date Established  |
| City, State, ZIP |   |
| Telephone |   | Fax |   | Website |   |
| Contact |   | E-Mail |   |

1. **Mission**
	1. Is your organization involved in providing commercial or other company-directed activities or services for pharmaceutical companies, medical device manufacturers, nutraceutical or herbal supplement companies, etc., including, but not limited to, advertising/promotional services, publication planning, speaker bureau management, speaker training, and advisory board/ consultant meeting planning?

[ ]  Yes [ ]  No

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

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1. **Corporate Structure**

A parent organization is defined as one that owns and fiscally controls another organization. In that context, do you have a parent organization?

[ ]  Yes [ ]  No

* 1. If yes, please identify your parent organization.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |   | Tax ID |   |
| Address |   |
| City, State, ZIP |   |
| Website |   |

* 1. Please provide a brief overview of your parent organization or attach a copy of their mission statement.

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* 1. The ACCME defines a commercial interest as “**any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.**” Do you believe that your parent organization is a commercial interest as defined by the ACCME?

[ ]  Yes [ ]  No [ ]  N/A

* 1. Is your organization part of a larger family of companies that is affiliated with any other organization(s) (i.e. do you have any sister companies)?

[ ]  Yes [ ]  No

* 1. Is any organization (sister company) with which you are affiliated involved in providing commercial or other company-directed activities or services for pharmaceutical companies, medical device manufacturers, nutraceutical or herbal supplement companies, etc., including but not limited to advertising/promotional services, publication planning, speaker bureau management, speaker training, and advisory board/consultant meeting planning?

[ ]  Yes [*complete section IV, Corporate Firewalls*]

[ ]  No [*proceed to section V, Attestation*]

1. **Corporate Firewalls**

If any affiliate (sister company) or subsidiary of your organization is involved in providing commercial or other company-directed activities for a commercial interest, 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 staff and promotional staff (e.g. independent, non-overlapping management, 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.).

* 1. Please describe the elements of your firewall.

|  |
| --- |
|   |

* 1. 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 a commercial interest.
1. **Attestation**
	1. I hereby certify that the above information is correct and that the American Board of Quality Assurance and Utilization Review Physicians will be immediately notified if any of the above information changes.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |
|  |  |  |  |
| Print Name |   | Title |   |

**REVIEW AND ACCEPTANCE**

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

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

 Deborah Naser

 CME Coordinator