

EXAMPLE
Faculty Confirmation Letter
(based on a draft from ACCME)

This model is provided to assist sponsors in implementing the ACCME Essentials and Standards. This model should be modified to meet the needs of individual sponsors. Note: Use of this model is not required by ACCME for a sponsor to comply with the ACCME Essentials and Standards.

Dear ()::

Thank you for agreeing to serve on our faculty for the upcoming continuing medical education activity ("Title") which will be held on (Date), at the (the Location). Your presentation, ("Presentation Title") is scheduled to begin at (time). As we discussed, your presentation should be (time length) and is to be followed by a (time length) period for audience questions. At (time) the three morning speakers will then serve as a panel, which will be moderated by (Moderator Name), to add special insights to the morning activities.

Honoraria and expenses. As agreed upon, your honorarium for this event will be (\$) plus expenses. An expense request form is enclosed together with a copy of our regulations regarding expense claims. We ask that you follow these regulations carefully to avoid unnecessary delays in processing your reimbursement.

Audience and objectives. The CME activity has been planned to meet the expressed needs of our expected participants of (specialty(s), geographic region(s), practice setting(s)). The CME activity has the following objectives, which are to be the basis of your presentation:

1. OBJECTIVE
2. OBJECTIVE
3. OBJECTIVE

If you have any questions concerning these objectives, need clarification regarding the expectations, or would like to refine the objectives, please contact us.

Disclosure. As an accredited CME sponsor, (Sponsor Name), requires that its speakers comply with the ACCME Standards for Commercial Support of CME. As our speaker, you are required to disclose any significant financial interest or relationship that you may have with the manufacturer(s) of any commercial product/service that is discussed as part of your presentation. Should it be determined that a conflict of interest exists as a result of a financial relationship you may have, this will need to be resolved prior to the activity. To initiate the disclosure process, please complete the enclosed "Faculty Disclosure Form" and return this to our office by (Date). (If you do not provide disclosure information, you cannot be a speaker at the activity.)

Presentation content. The information that you present about clinical medicine must be recognized and accepted by the profession or based on evidence that is accepted within the profession as adequate justification. The Commercial Support Standards also require that your presentation (including slides and handouts) be free of commercial bias and that any information regarding commercial products/services be based on scientific methods generally accepted by the medical community. When discussing therapeutic options, it is our preference that you use only generic names. If it is necessary to use a trade name, then those of several companies must be used. Should you determine that you cannot comply with these requirements, please call me as soon as possible.

Location. The (Program Location) is completely equipped with all types of audio-visual support systems. Please inform this office of your requirements for audio-visuals. It is the policy of the Office of CME to offer to make appropriate slide and transparencies at our expense. If you wish for us to provide this service we must have your hard copy no later than (Date).

Syllabus material. The Office of CME is responsible for providing uniform syllabus materials for CME activity participants. In order to meet our printing deadlines it will be necessary for us to receive your syllabus materials no later than (Date). Please provide these materials on 8 1/2 x 11 inch double spaced #20 bond paper. Because of printing requirements we cannot accept dot matrix printed materials. If this is a problem for you, please call us immediately so that we can make satisfactory arrangements for your syllabus materials.

Once again, thank you for your willingness to participate in this CME event. If we can be of any additional help, or can clarify any of the above statements, please contact us. Our office hours are from 8:30 a.m. to 5:30 p.m. Monday-Friday.

Sincerely,

[CME Activity Director's Name/Title]