

## Application form for Third-Party-Events (TPE)

Legal name of the event organization	Form submitted on [yyyy/mm/dd]
Please enter the legal name of the organization	2021/11/10
TPE Name	TPE Start date [yyyy/mm/dd] TPE End date [yyyy/mm/dd]
Please enter the legal name of the organization	2022/03/08 2022/03/11

#### Guidance

Fresenius Medical Care (FME) adheres to the MedTech Europe Code of Ethical Business Practice which sets strict, clear and transparent rules for the medical technology industry's relationship with Healthcare Professionals (HCOs) and Healthcare Organizations (HCOs), including support for independent medical education at Third Party Events (TPEs) via Educational Grants Coordination Office. For more information about the MedTech Europe wobsite (http://www.medtecheurope.org/).

## FME's policy on support for TPEs through Educational Grants

- No educational grant shall be implicitly or explicitly linked in any way to past, present or potential future purchase, lease, recommendation, prescription, use, supply or procurement of FME's products or services;
- FME shall not influence in any way the program content, HCP participant selection, or otherwise any part of the planning of the TPE;
- The individual filling out and submitting this application form must be entitled to do so on behalf of his/her organization;
- The grant requestor is the initiator and official organizer of the TPE and is a professionally constituted organization with the experience and expertise to initiate and conduct medical education TPEs;
- FME shall only support TPEs with demonstrable, bona fide educational/scientific value;
- No FME sales or marketing personnel will decide whether an educational grant application is approved. The communication between the grant requestor and FME in the grant application and approval process shall be managed by the FME EMEA Educational Grants Coordination Office;
- All Educational Grants must be approved by the FME EMEA Educational Grants Committee before any support is provided. Statements or commitments by FME representatives are null and void without the FME EMEA Educational Grants Committee approval:
- FME shall not cover any costs linked to the organization of leisure/entertainment activities, to the invitation of spouses/partners of HCPs, or to cover ordinary operating and/or running costs and other budget items not directly linked to education:

- The educational grant requested is restricted to the grant requestor, the TPE specified in this application form, and the stated use. FME shall not approve any unrestricted or retroactive Educational Grants;
- FME shall neither be sole supporter (i.e. the only external funding source) of a TPE, nor will FME support any TPEs which are not open to the general public (i.e. events which are limited to e.g. HCPs from a single hospital will not be supported);
- Submitting this application form is not a guarantee of support. FME reserves the right to reject any application at its own discretion, as well as approve in full or only in part. Past support of a TPE is not a guarantee for future support;
- FME shall only approve CME-accredited TPEs or TPEs with equivalent accreditation (e.g. accreditation by local physician association);
- For any answer requiring more space than is given in this application form, please attach complete answers on separate sheets of paper;
- Only complete (i.e. all questions answered) applications wit all supporting documentation submitted within the deadly specified under Instructions below will be considered. Wile reserves the right to request additional information where necessary to evaluate an educational grant as infration;
- Where the educational grant is approved and conducted, the grant requestor is committed after to TPE to providing FME an activity report based on an EME template to confirm rightful use of the education grant.

#### Instruction

- · Applications must be submitted at least 90 days prior to the TPE wan all supporting documentation;
- Proof of CME accreditation or equivalent and proof of compliant CVS Check must be submitted together with the application form;
- · Applications must be completed in English;
- The completed and signed application form together with all supporting documentation must be admitted one email to the FME EMEA Educational Grants Coordination Office at the following email address: edu-grants@fmc-ag.com;
- In case of questions, please contact the FME EMEA Educational Grants Coordination Office at the above email address.

# Supporting documentation

- Most up-to-date TPE program and communication materials;
- An extract of the grant requestor's commercial register and articles of constitution, as amended, if applicable;
- Information about Continuing Medical Education (CME) or equivalent accreditation;
- Applicable only for international events: proof of the TPE being compliant with the MedTech Europe Code of Ethical Business Practice (CVS Check).

The application form must be submitted at least 90 days prior to the start of the event.

The application form and all supporting documents must be submitted via email to: edugrants@fmc-ag.com

An application without supporting documentation is invalid and will not be accepted.



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## 1 Grant requestor: General information

Please note: As indicated in the Guidance, the grant requestor must be the initiator and official organizer of the TPE and is a professionally constituted organization with the experience and expertise to initiate and conduct medical education TPEs.

	regar manne or are organization			TWN BU		
	Please enter the legal name of the organization			1234567		
	Street A	ddress	House Number	Postal Code	City	Country
	Example	Street name	111	12345	Example city	Example country
	Legal structure			Website Link		
	Please e	enter legal structure of the ev	ent organization	Please enter website link of the event organization		
1.2	Head of	grant requestor (Legal re	epresentative)			
	Mr / Mrs	First name	Last name	Function		
	Mr	Example name	Example name	Please enter function of grant requestor		
1.3	Contact person					
	Mr / Mrs	First name	Last name	Function		
Mrs Example name			Example name	Please enter function fo contact person		

#### Telephone Number

Country Code	Telephone Number	Email address
1234	5678910	example@e-mail.com

#### 1.4 Third-Party-Event (TPE)

#### TPE name

Please enter the name of the Third-Party-Event

Postal Co	de City	Country	Location/ Venue
12345	Example city	Example country	Example venue

## Please describe the TPE's medical therapy focus areas

Please provide a short but meaningful description of the TPE's medical therapy focus areas.

# Please describe the TPE's educational goal incl. its relevance

Please provide a short but meaningful description of the TPE's educational goal and/or its relevance.

Targe	t audience			
1	International	nal Expected total number of attendees of the event: 3		
	National			

## 1.5 CME Accreditation

CME accreditation	If CME accredited, CME provider:
Other accreditation	If "Other accreditation", accrediting body:
No constitution	

## Please describe the accreditation process for the TPE

Please provide a short but meaningful description of the accreditation process of the TPE: How are HCP's are accredited?

Please copy the data analog to the first page.

The head of the grant requestor is the/a legal representative of the grant requestor/society (Ex.: National Society of Nephrology); The contact person is the administrative secretariat handling the grant request on behalf of the head of the grant requestor.

National TPEs take place in one specific country and focus on a national audience only. For international TPEs the criteria are (according to MedTech Europe): By means of an educational grant, the event organization...

- •...sponsors the attendance of HCPs coming from at least two different countries;
- •...sponsors at least one HCP from outside the country where the TPE is taking place;
- •...indicates clearly in easily accessible event materials that HCPs from at least two countries will attend the event.

All international TPEs have to be compliant with MedTech Europe's Code of Ethical Business Practice (CVS Check); Proof of successful check has to be submitted together with the application form. For details, please visit: https://www.ethicalmedtech.eu/conference-vetting-system/objective/

Only CME-accredited TPEs or TPEs with equivalent accreditation will be accepted.



83.000.000€

		Application forn	n for Thir	d-Party-Events (TPE	)	
L		he event organization egal name of the organization	n	Form submitted on 2021/11/10		
ш	TPE Name			TPE Start date	TOE E	nd date
ш		legal name of the organization	on	2022/03/08	2022/03	
	Past support					
	Has the grant re	questor received any typ	pe of suppor	rt and/or services from F	ME in the last	2 years?
	from FME in the p	ast two years must be listed	d (for examp	oducts) support and/or serv le but not limited to promot ed, please use a separate sl	ional activity, do	
	If yes, when, how	much, and for what purpos	se?			
		Amount in € incl. VAT		purpose/event?	FMC entity	
	2018/03	€ 1,111.11		Educational Grants, you received		fC entety you received the suppo
	2019/06	€2.222.22	Please specifi	Promotional activity, you received	Please specify the Di	fC entety you received the suppo
	2020/05	€ 3,333.33	Please specify	further support you received	Please specify the FM	AC entety you received the suppo
	grant requestor fr	om external funding source	s to cover HO	he expected total amount re IP participation costs at the		
		ne total amount requeste	d from FME	for HCP participation		
1	Travel (economy			fat de la constant		
	the city where the		FME will not	f the flight or train ride from cover any transportation co TPE.		
1.1	For flights:	G.	0			
		ravening by plane.	0			
			00,00€	Total amount for all HCPs	in € (incl. VAT):	5,000.00€
1.2	For train tickets		0			
	Number of HCPs t	raveling by dam.	0			
_			0,00€	Total amount for all HCPs	in € (incl. VAT):	2,500.00€
.2		(max. 4* hotels)	00			3
		eceiving accommodation: 1		Total number of nights spe		
			40.00€	Total amount for all HCPs	in € (incl. VAT):	24,000.00 €
3	Registration fee		00			
		eceiving registration fee: 1		Tabal amount for all years	n & (last trees	
			90,00€	Total amount for all HCPs		
.4		fee (FME reserves the right	to not appro	ve the administration fee, if	not considered	reaconable)
		was and buy and only do you	nn l		not considered	reasonable)
		overed by duffill fee.	00			
		overed by duffill fee.	00 0,00 €	Total amount for all HCPs		

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Total amount requested for HCP participation (incl. VAT):

Please copy the data analog to the first page.

Any type of support received from FME in the last 2 years has to be listed. If possible, a distinction should be made between Educational Grants, Promotional activities, etc.



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3.5 Please describe the intended communication of available Educational Grants to HCPs, as well as the subsequent application process for HCPs who wish to receive financial support from the grant requestor for their attendance.

Please provide a short description of the intended communication of available educational grants to HCPs and what the steps of the application process are.

3.6 Please describe the objective and independent selection process of HCPs.

i.e. how do you proceed with the selection of the HCPs who will be supported by means of the requested educational grant?

Please provide a short description of how HCPs who will be supported by an educational grant from FME are selected.

4 Support with FME products

4.1 Product name

Amount requested in € (incl. VAT)

Please list any additional type of support, you would like to request from FME 

€ 1,000.00

Industry symposia 

€ 2,000.00

4.2 Please describe the need for, and use of, the FME products at the TPE

Please provide a short description of what the above listed FME products will be used for at the TPE.

Total amount requested for an Educational Grant from FME in € (incl. VAT):

€ 86.000,00

5 Supporting documentation

Please attach the following supporting documentation to this application form:

- ✓ Most up-to-date TPE program and communication materials
- ✓ Grant requestor's commercial register and/or articles of constitution
- ✓ Information about Continuing Medical Education (CME) or equivalent accreditation
- ✓ If applicable, proof of the TPE being compliant with the MedTech Europe Code of Ethical Business Practice (CVS Check)

Please copy the data analog to the first page.

An application without supporting documentation is invalid.



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#### 6 Payment information

Please note: Payments shall be made only to a registered account of the grant requestor based in the country where the grant requestor is registered. No payments shall be made to accounts of individuals. As a general rule, the bank account holder must be the same person requesting the grant. In case of deviations, an explanation is required.

Name of account holder	Account number 12345678910		
Please enter the name of the account holder			
Name of credit institute	Country of credit institute		
Please enter the name of the credit institute	Please enter the country of the credit institute		
IBAN	BIC Code	SWIFT Code	
ABCD 1234 5678 9102	123 456 789	ABCD 123456	

In case the name of the bank account holder deviates from the organization requesting the educational grant, please explain:

If applicable, please provide a short explanation why the name of the bank account holder deviated from the organization.

#### 7 Confirmation

By signing this application form, the individual filling out this forms confirms that:

- He/she is entitled to do so on behalf of the grant requestor;
- ▼ The information provided in this application form and supporting documentation is true, accurate, and up-to-date;
- The educational grant is not implicitly or explicitly linked in any way to past, present or potential future purchase, lease, recommendation, prescription, use, supply or procurement of FME products or services;
- The grant requestor communicated solely with the FME EMEA Educational Grants Coordination Office in the grant application and approval process;
- The educational grant requested is restricted to the grant requestor, the TPE specified in this application form, and the stated use;
- FME did not influence in any way the TPE program content, or otherwise any part of the planning of the TPE;
- The educational grant will not cover the costs linked to the organization of leisure/entertainment activities or to cover ordinary operating and/or running costs and other budget items not directly linked to education;
- The educational grant is paid into an official bank account of the grant requestor in the country in which the grant requestor is based, and not into the bank account of any individuals.

### 8 Verification and signature

This application form for an educational grant to support a TPE was completed by the undersigned, who certifies the completeness and accuracy of the information provided:

#### Name

Name				
Mr / Mrs	First name	Last name	Function	
Mrs.	Example name	Example name	Function of grant requestor	
Signatur	re		City	Date [yyyy/mm/dd]
			Example city	2021/11/10

Please send this completed and signed application form, together with all supporting documentation, to the FME EMEA Educational Grants Coordination Office at the following email address: edu-grants@fmc-ag.com.

Please copy the data analog to the first page.

Only signed application forms will be accepted and processed by the Educational Grants Coordination Office. The signing body must be the legal representative of the grant requestor/society as indicated on page 1 (Ex.: National Society of Nephrology).

If you have any further questions or comments, please send an e-mail to: edu-grants@fmc-ag.com