

Application form for Third-Party-Events (TPE)

Legal name of the event organization

Please enter the legal name of the organization

Form submitted on [yyyy/mm/dd]

2018/10/10

TPE Name

Please enter the name of the Third-Party-Event

TPE Start date [yyyy/mm/dd]

2019/03/03

TPE End date [yyyy/mm/dd]

2019/03/06

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 (HCPs) 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 Code of Ethical Business Practice please refer to the MedTech Europe website (<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 with all supporting documentation submitted within the deadline specified under Instructions below will be considered. FME reserves the right to request additional information where necessary to evaluate an educational grant application;
- Where the educational grant is approved and conducted, the grant requestor is committed after the TPE to providing FME an activity report based on an FME template to confirm rightful use of the educational grant.

Instructions

- Applications must be submitted **at least 120 days prior to the TPE** with 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 submitted in 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 120 days prior to the start of the event.

The application form and all supporting documents must be submitted via email to: edu-grants@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.

1.1 **Legal name of the organization**

Please enter the legal name of the organization

Tax ID
1234567

Street Address **House Number** **Postal Code** **City** **Country**
 Example Street name 111 12345 Example city Example country

Legal structure
Please enter legal structure of the event organization

Website Link
Please enter website link of the event organization

1.2 **Head of grant requestor (Legal representative)**

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 of contact person

Telephone Number

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

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

TPE name
Please enter the name of the Third-Party-Event

Postal Code **City** **Country** **Location/ Venue**
 5678 Example city Example country Example venue

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

Target audience

International **Expected total number of attendees of the event:**

National

1.5 **CME Accreditation**

CME accreditation If CME accredited, CME provider:

Other accreditation If "Other accreditation", accrediting body:

No accreditation

Please describe the accreditation process for the TPE
 Please provide a short but meaningful description of the accreditation process for the TPE: How are HCPs accredited?

When entered on the first page, this data is automatically applied to all pages.

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.

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2 Past support

Has the grant requestor received any type of support and/or services from FME in the last 2 years?
Please note: All forms of financial and in-kind (i.e. FME products) support and/or services provided to the grant requestor from FME in the past two years must be listed (for example but not limited to promotional activity, donations, educational grants). For any answer requiring more space than provided, please use a separate sheet of paper.

Yes No

If yes, when, how much, and for what purpose?

Date [yyyy/mm]	Amount in € incl. VAT	For what purpose?
2016/04	€ 1,111.11	Please specify Educational Grants, Promotional Activity, etc. you received
2017/04	€ 2,222.22	Promotional activity
2017/08	€ 3,333.33	Educational grant for HCP support

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.

3 Requested support for HCP participation

Expected number of external funding sources for HCP participation:
i.e. how many other companies/organizations are expected to contribute to covering HCP participation costs at the TPE, other than FME?

Out of all funding sources for HCP participation, how many % funding for HCP participation is sought from FME? %
i.e. what % contribution is being requested from FME of the expected total amount received by the grant requestor from external funding sources to cover HCP participation costs at the TPE?

Breakdown of the total amount requested from FME for HCP participation

3.1 Travel (economy only)

Please note: FME shall only support the round trip costs of the flight or train ride from the city where the HCP works/lives to the city where the TPE takes place and back. FME will not cover any transportation costs (taxi, transfer, etc.) incurred for any additional transportation related to the attendance at the TPE.

3.1.1 For flights:

Number of HCPs travelling by plane:
Total amount per HCP in € (incl. VAT): Total amount for all HCPs in € (incl. VAT):

3.1.2 For train tickets:

Number of HCPs travelling by train:
Total amount per HCP in € (incl. VAT): Total amount for all HCPs in € (incl. VAT):

3.2 Accommodation (max. 4* hotels)

Number of HCPs receiving accommodation: Total number of nights spent per HCP:
Total amount per HCP in € (incl. VAT): Total amount for all HCPs in € (incl. VAT):

3.3 Registration fee

Number of HCPs receiving registration fee:
Total amount per HCP in € (incl. VAT): Total amount for all HCPs in € (incl. VAT):

3.4 Administration fee (FME reserves the right to not approve the administration fee, if not considered reasonable)

Number of HCPs covered by admin fee:
Total amount per HCP in € (incl. VAT): Total amount for all HCPs in € (incl. VAT):

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

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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.

3.7 Please describe the objective criteria for selection of HCPs and/or specific categories of HCPs to be supported.
i.e. which criteria are applied when selecting the HCPs who will be supported with the requested educational grant?
Please note: FME reserves the right to define the objective HCP selection criteria to ensure alignment with FME's Educational Framework.

Please list the objective criteria, based on which the HCPs 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)

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

Mr / Mrs	First name	Last name	Function
Mrs.	Example name	Example name	Function of grant requestor

Signature

	City	Date [yyyy/mm/dd]
	Example city	2018/10/10

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.

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