Sponsorship Agreement (Sample)

*Remove this section before sending - The CPD Policy on* [*Sponsorship of Accredited / Certified CPD Activities*](https://www.schulich.uwo.ca/continuingprofessionaldevelopment/docs/Policy1.3.2_Sponsorship.pdf) *states the terms, conditions and purposes for which sponsorship provided must be documented in a written agreement that is signed by the physician organization (or SPC) and the for-profit / not-for-profit sponsors.*

*The following is a sample of a written agreement that can be signed by both parties. This must be provided as a part of your application for accreditation / certification.*

***Note:*** *Remove and/or replace the logos and branding with the branding from the appropriate physician organization*

[Date]

[Insert Companies Address]

Attention: [Sponsorship Contact Name]

RE: [COURSE TITLE] Sponsorship Agreement

[Insert Company Name] has agreed to Sponsor the [insert course title] in an amount of [insert amount]. By sponsoring the [course title] we agree to adhere to the [National Standard for Support of Accredited CPD Activities](https://www.cfpc.ca/uploadedFiles/CPD/National%20Standard%20for%20Support%20of%20Accredited%20CPD%20Activities%20FINAL%20ver%2023-1.pdf).

By sponsoring the [course title], [insert sponsor company name] agrees to the following:

* the Scientific Planning Committee **cannot** be required to accept advice from [insert sponsor company name] as a condition of receiving financial and/or in-kind support; and
* that specific interests of [insert sponsor company name] must have no direct or indirect influence on any aspect of the development, delivery or evaluation of an accredited CPD activity.

By sponsoring the [course title] at a [insert level (i.e. gold, bronze, etc.) or amount], [sponsor company name] will be entitled to [insert the entitlements of specific level Bronze, Silver, Gold, platinum. If no levels, list the sponsor benefits like logo placement, etc.].

Sincerely,

[Name]

[Position, Physician Organization Name]

**Agreed and Accepted:**

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_