**INDEPENDENT MEDICAL EDUCATION REQUEST FORM**

**ACCREDITED AND NON-ACCREDITED EDUCATIONAL ACTIVITIES**

***Grant requests should be submitted to AMAG at least 60 days in advance of the scheduled event***

***and must be on institutional letterhead accompanied by an IRS Form W9, proof of accreditation:***

***(ACCME, ACPE or other) via certificate and a detailed budget and tentative agenda.***

Note: Your application will be reviewed solely based on the scientific merit of the program. An educational grant will not be determined in a manner that takes into account the volume or value of any business otherwise generated with AMAG. In addition, an educational grant will not affect the purchase, use, recommending or arranging for the use of any AMAG product. Grant funds will not be issued to an individual. The grant and programs described herein should be for scientific and education purposes only and should not promote AMAG or its pharmaceutical products, directly or indirectly.

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| Requesting Institution: | Click or tap here to enter text. | Date Requested: Click or tap to enter a date. |
| Secondary Dept/Div:Street Address:City, State, Zip: | Click or tap here to enter text. |
| Contact Name: | Click or tap here to enter text. |
| Contact Telephone #: | Click or tap here to enter text. | Fax: | Click or tap here to enter text. | email: | Click or tap here to enter text. |
| [ ]  This program is accredited; please send certificate(s). Choose: [ ]  ACCME [ ]  ACPE [ ]  Other (please specify) Click or tap here to enter text. |
| [ ]  This program is non-accredited. Please specify the purpose of the non-accredited activity: Click or tap here to enter text. |
| Specify the title, date and location of the proposed event/program.Title: Click or tap here to enter text.Date: Click or tap here to enter text.Location: Click or tap here to enter text. |
| Specify target audience and indicate how the event/program will be advertised:Audience: Click or tap here to enter text.Advertising: Click or tap here to enter text. |
| Describe educational need and objectives:Click or tap here to enter text. |
| Describe institution’s educational or healthcare mission and purpose:Click or tap here to enter text. |
| Is the institution a 501 (c) 3 (“non-profit”) organization? Yes: [ ]  No: [ ]  Institution’s Tax ID Number: Click or tap here to enter text. |
| Is institution an accredited CME provider? Yes: [ ]  No: [ ]  |
| Total cost of program: $Click or tap here to enter text. |
| Amount of the request: $Click or tap here to enter text. |
| Are you seeking financial support from other sponsors for the activity? Yes: [ ]  No: [ ]  If yes, please list any joint Sponsors: Click or tap here to enter text. |
| Anticipated number of attendees: Click or tap here to enter text. |
| Will there be any registration of fee charged for attendees? Yes: [ ]  No: [ ]  If yes, please specify the registration fee:$ Click or tap here to enter text. |