



## Commercial Supporter Education Grant Agreement

Name of Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Phone Number: (    )                      -                      x \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Sponsor Level/Event: \_\_\_\_\_ Amount: \_\_\_\_\_

The Organization listed above agrees that it shall contribute funds to the Oklahoma Nurses Association or co-provider organization for the continuing nursing education activities offered. This is an unrestricted education grant/sponsorship for the amount listed above.

**Statement of Purpose.** The **Commercial Supporter** and Oklahoma Nurses Association agree that the program is for scientific and educational purposes and not for the purpose of promoting any product. Any discussion of **Commercial Supporter** products shall be objective, balanced and scientifically rigorous.

**Control of Content.** The Oklahoma Nurses Association shall be solely responsible for control of program objectives and content, and the selection of presenters.

**Payment of Funds.** Funding shall be paid by directly to the Oklahoma Nurses Association and no other funds shall be paid to individuals involved in the Program. Checks will be made payable to the **Oklahoma Nurses Association**. The Signed agreement and payment will be sent to the following address.

Oklahoma Nurses Association  
6414 N. Santa Fe, Suite A  
Oklahoma City, OK 73116

**Disclosure of Financial Relationships.** The Oklahoma Nurses Association shall disclose at the time of the Program/Activity and to the attendees, verbally or in written materials, regarding all funding activities and any significant relationships between the Oklahoma Nurses Association and its sponsors/funders as well as the individual presenters or moderators and sponsors/funders.

**Acknowledgment of Support.** The Oklahoma Nurses Association shall acknowledge the educational support of its sponsors/funders in Program/activity brochures and other program materials. Sponsorship does not constitute endorsement by the American Nurses Credential Center's Commission on Accreditation (ANCC COA), the Texas Nurses Association (TNA) or Oklahoma Nurses Association.

**Standards.** The Oklahoma Nurses Association and sponsor/funder agree to abide by the requirements of the ANCC COA and TNA criteria for Commercial Support of Continuing Nursing Education and the current Food and Drug Administration Policy Statement on Industry Supported Scientific and Educational Activities, which is incorporated by reference herein. The sponsor/funder will not be liable for any departure from ANCC COA and TNA criteria, which occurs through no fault of the sponsor/funder..

Name (Print): \_\_\_\_\_

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

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

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

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**Not needed if paying online**

Date Agreement Received: \_\_\_\_\_ Date \$ Received: \_\_\_\_\_ Total Amount: \_\_\_\_\_

Deposit: Check #: \_\_\_\_\_ Date: \_\_\_\_\_ Amount \$ Received: \_\_\_\_\_

Credit Card # \_\_\_\_\_ CVV \_\_\_\_\_ Exp. \_\_\_\_\_

Name as it appears on Credit Card: \_\_\_\_\_ Initials: \_\_\_\_\_