

Declaration of the nature of the grant

Dear applicant,

Please complete this document only in case the planned CME activity is sponsored by way of one or more grants provided by a commercial entity (see paragraph 4.1.7 of the EBAH Standards & Guidelines). Upon completion, please sign the declaration and send it by mail to: EHA-CME Unit, Koninginnegracht 12b, 2514 AA The Hague, The Netherlands. EBAH requires the declaration to be received at least six weeks prior to the start of the planned CME activity.

Thank you,
EBAH Office

The planned CME activity¹

Title:

Date from:

Date to:

The organizer of the CME activity*

Name (organization):

Represented by:

The donor*

Name (organization):

Represented by:

Job title:

We, the representatives of the organizer of the planned CME activity and the commercial entity sponsoring the planned CME activity ("the donor"), hereby certify that, in accordance with the EBAH Standards & Guidelines, the grant provided by the donor in support of the planned CME activity is of an unrestricted and educational nature.

The organizer of the CME activity

The donor

Signature of the representative

Signature of the representative

Date

Date

¹ The data completed here must correspond with the data completed in the application form.