

REGENERON GRANT MANAGEMENT SYSTEM

APPLICATION USER GUIDE

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GENERAL INFORMATION

What is Independent Medical Education?

Independent Medical Education (IME) is defined as activities and programs that serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a healthcare provider uses to provide services for patients, the public, or the profession.

What is the Regeneron Grant Management System?

The Regeneron Grant Management System is a web portal for submitting and managing Independent Medical Education grant requests located at www.MedEdGrants.Regeneron.com.

What is the best way to access the Regeneron Grant Management System?

The recommended browser is Microsoft Internet Explorer v11. Please visit <http://www.Microsoft.com/windows/ie/default.mspx> to download the latest version. Experience may vary for other browsers.

A PDF viewer must be installed on your computer in order to view or download PDF documents.

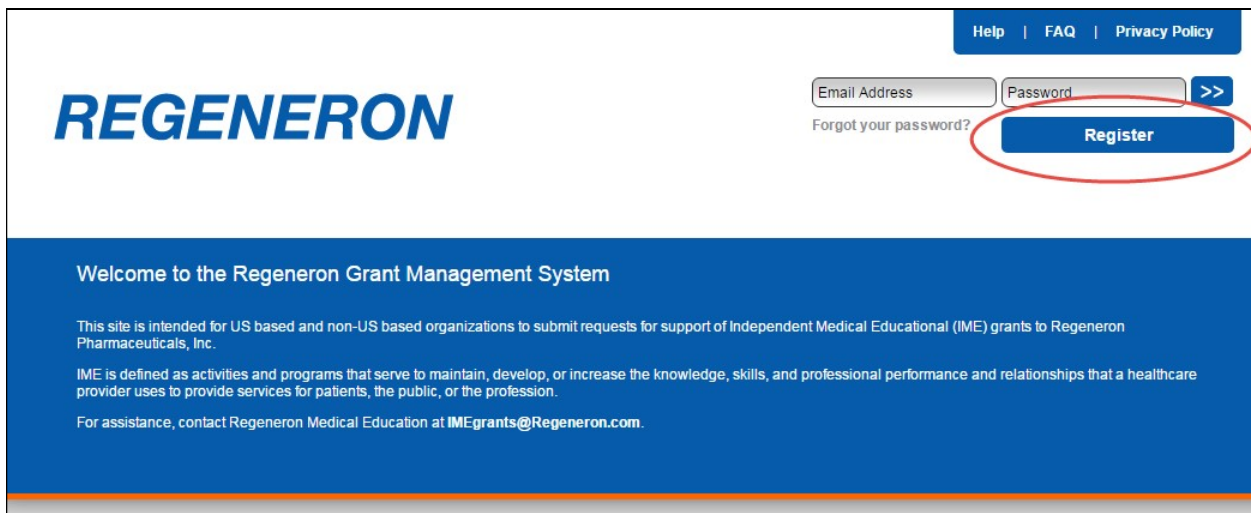
Correspondence from the Regeneron Grant Management System will primarily be sent via e-mail. Check your spam filters. If the spam filter is set at “Enabled”, you may not receive communications and alerts from Regeneron concerning your Independent Medical Education grant requests.

How do I contact you?

Regeneron’s Grant Coordinators are available to respond to email inquiries from 8:30 am – 4:00 pm EST, Mondays through Fridays, at MedEdGrants@Regeneron.com.

CREATING AN ACCOUNT

1. Click on “Register” in the [Regeneron Grant Management System](#) homepage located in the upper right corner of the screen.



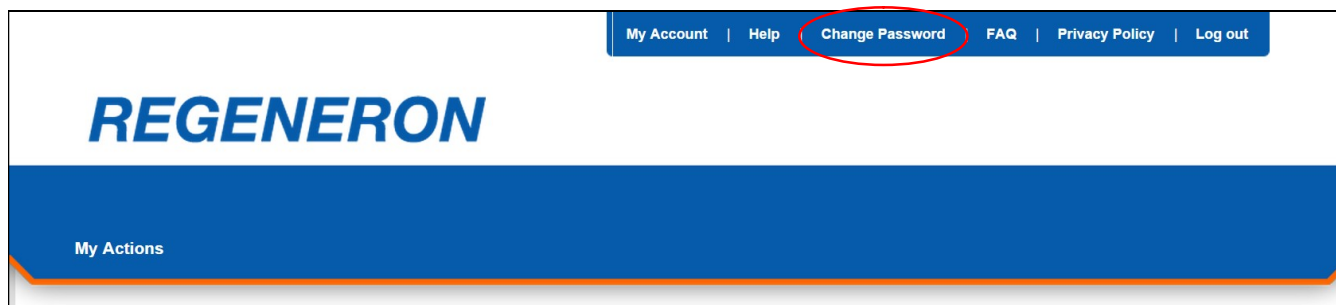
The screenshot shows the homepage of the Regeneron Grant Management System. At the top right, there are links for Help, FAQ, and Privacy Policy. Below these, there are input fields for Email Address and Password, followed by a blue button with a double right arrow (>>). A red circle highlights the Register button. Below the input fields, there is a link for 'Forgot your password?'. The main heading 'WELCOME TO THE REGENERON GRANT MANAGEMENT SYSTEM' is displayed in a blue banner. Below this, a paragraph states: 'This site is intended for US based and non-US based organizations to submit requests for support of Independent Medical Educational (IME) grants to Regeneron Pharmaceuticals, Inc. IME is defined as activities and programs that serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a healthcare provider uses to provide services for patients, the public, or the profession. For assistance, contact Regeneron Medical Education at IMEgrants@Regeneron.com.'

2. Search for your organization by Country, Tax ID, or Organization Name.
3. If your organization is not found or you have not previously registered, click on “Add New Organization” that appears after your attempt to search for your organization.
 - Contact Regeneron Medical Education at MedEdGrants@Regeneron.com if help is required.
4. Enter the required [Organization Address](#) information.
5. Upload appropriate tax verification documentation (W9 or W8 and/or tax exemption forms).
6. Upload accreditation documentation, if applicable.
7. Proceed to the [User Information](#) tab.
 - Organizations can have multiple Users associated with the account. Each User must have a unique email address.
8. Check the availability of your email address.
 - If it is being used by another User, you will be notified. Contact Regeneron Medical Education at MedEdGrants@Regeneron.com if help is required.
9. Enter the required User information.
10. Read the [Compliance Commitment](#) for Regeneron Pharmaceuticals. If you agree with the terms, click “I agree” then submit.
11. Read the [Provider Accountability Pledge](#). If you agree with the terms, click “I agree” then submit.
12. Your registration is now complete. You are now eligible to submit Independent Medical Education grant requests by clicking “Submit New Request.” At any time you can access your account information or change your password.

PASSWORDS

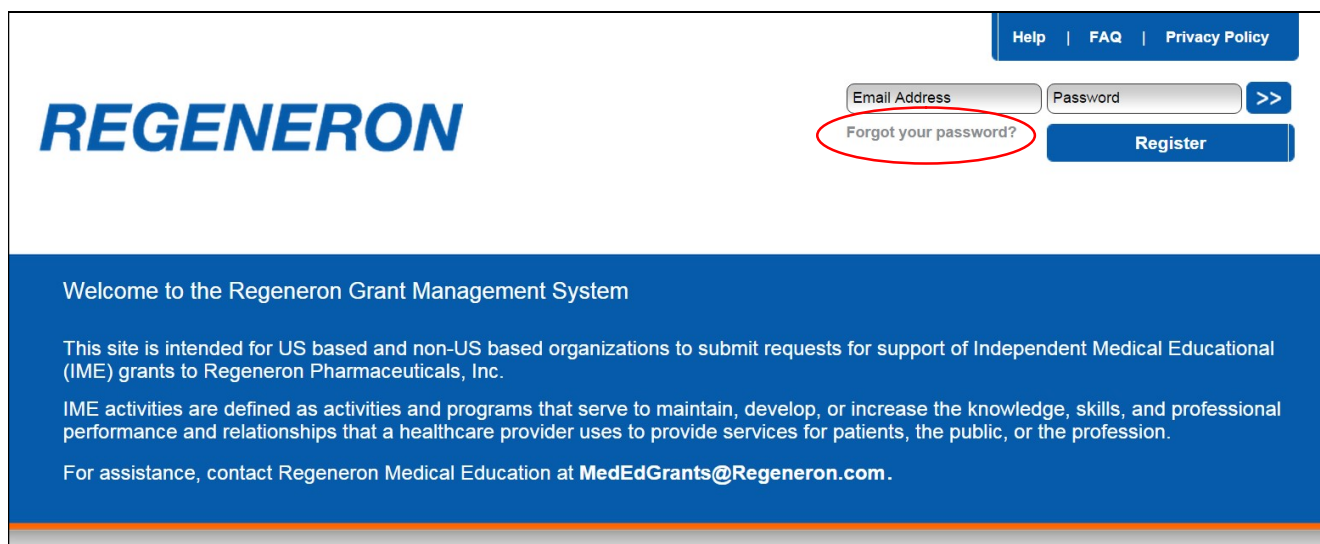
Change a Password

If you would like to change your password, click on the “Change Password” link available on the top of the page after you have logged into your profile. You will be prompted to enter your old password, a new password, and confirm your new password. Click “Change Password” to complete your request.



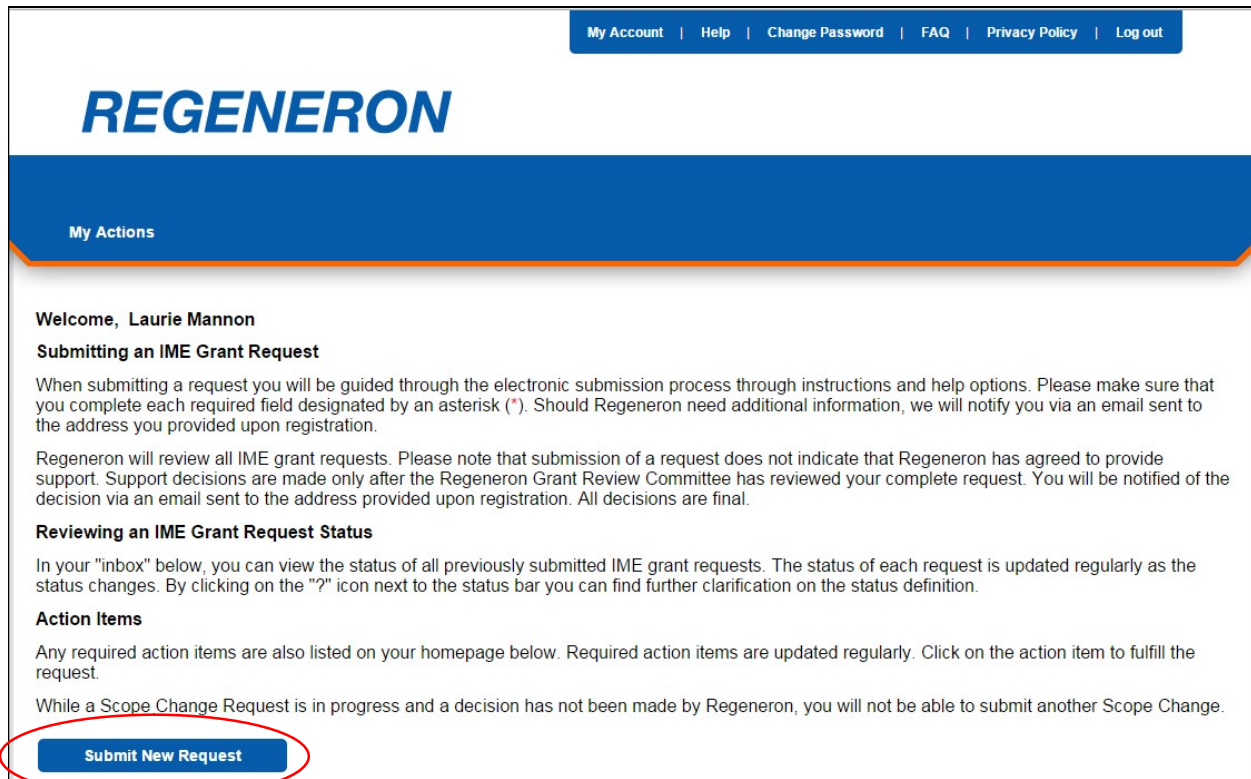
Forgot your Password

If you have forgotten your password, click the “Forgot your password?” link on the on the Homepage. Upon clicking the link, you will be prompted to submit your email address. You will then receive an email with instructions on how to reset your password.



SUBMISSION PROCESS

1. Log onto the Grant Management System.
2. Click on "Submit New Request."



3. Review the [Request Completion Instructions](#) and click on "Proceed."

Request Completion Instructions

As you complete your request, the Regeneron Grant Management System will automatically timeout after 45 minutes of inactivity. A reminder message will appear a short time before the automatic timeout occurs. You will be asked if you would like to continue on the page. Select "OK" and immediately click anywhere within the request in order for the system to remain active. If you do not select "OK" or do not click anywhere within the request within 1 minute, any unsaved information that you have entered will be lost and the system will timeout.

General Information

You will begin by entering basic information related to the request. Fields designated by an asterisk (*) must be completed in order to continue to the next screen.

- The start and end date of your activity or event may be the same day if it only takes place on one day (i.e., it is not a multi-day event). For enduring materials, enter the length of time for which the activities are expected to be used and/or valid for credit (e.g., January 1, 2012 to January 1, 2013).
- If your request is for one presentation of the activity in a single location, enter the presentation specifications. If your request includes multiple presentations of the same content, follow the instructions outlined in the help bubbles to appropriately identify multiple presentations. You will be required to upload supporting documentation clearly identifying location specifications for each presentation.
- You will be asked to define the delivery format of your educational activity (e.g., live meeting, print pieces, CD-ROM, etc.).
- You will be asked to provide information regarding your target audience and number of anticipated learners.
- You will be asked to provide a summary of the educational needs assessment, learning objectives, and description of the proposed program. The description of the proposed program may include topics, agenda, potential speakers, or learning tools (e.g., development of a clinician resource tool or patient education materials).
- You will be asked to indicate if the program will be accredited (e.g., Continuing Medical Education (CME) or Continuing Education (CE) credit).

Budget

In the Budget section of your request, you will be asked to provide details regarding the income (e.g., registration fees) and expenses related to the program for which your request is being submitted.

- Fill in only those fields that apply to your request.
- Items that do not fall into a specifically listed category in the budget section should be included in the "other" section of the budget, and a description should be entered in the "comments" field. If necessary, a more detailed budget may be uploaded in the "Supporting Documents" section of the request.

Outcomes

You will be asked for a detailed outcomes plan to determine the impact of the education of learners and patient care.

Periodic outcomes reports throughout the life of the program and after its completion are required. Failure to provide requested data within an acceptable time frame may result in the grant recipient being excluded from receiving future grant funding.

Supporting Documents

You may submit additional documentation you think would be helpful in making a decision on your request. Please limit the documentation to items relevant to the proposed program addressed in your request.

Submit

In the last step of the request process, you will have the opportunity to review your request before submitting it. You will also be required to acknowledge and agree to the terms and conditions of the Regeneron Grant Management System including a Compliance Commitment and a Provider Accountability Pledge.

Agreements for Educational Grants

Should Regeneron approve your request for an educational grant, a Letter of Agreement (LOA) will be sent to you via email and an authorized representative for all parties will be required to sign the LOA.

Reconciliation

Recipients of educational grants must indicate to Regeneron whether or not the activity took place as planned. Detailed reconciliation of received funds is required. Failure to provide requested reconciliation within an acceptable time frame may result in the grant recipient being excluded from receiving future grant funding.

Records and Audit Rights for IME Grants

Recipients of IME grants must maintain all records relating to the educational program for a period of seven (7) years after the end date of the program. Upon Regeneron's request, the recipient must also allow Regeneron auditors access to all records, including expense records, related to the educational grant at a mutually acceptable time and location, for a period of at least seven (7) years after the end date of the program. A Regeneron representative will contact you if Regeneron requests an audit.

 Back
 Cancel

Proceed 

4. The Request Detail screen will appear. Enter the required information in each application tab. Fields marked with a red asterisk are required.

General Information Tab

Request Detail

Please complete all required fields. Asterisk (*) indicates a required field.

Provide an overview summary in the **Program/Activity Description** field. Entering “see attached” is not acceptable. **Funding Decision Needed by Date** should be at least 60 days in advance of the first activity start date.

Request ID MED-2038

General Information
Request Information
Delivery Format
Planned Outcomes
Outcomes Assessment
Budget
Document Uploads
Accreditation & Partners

Authorized Signer & Payee
Compliance Commitment
Provider Accountability

General Information

* Program Type
(Base selection on the target audience)

* Therapeutic Area

* Disease State
Select all that apply

* Program Title
Limit of 500 Characters

* Program/Activity Description
Please include a summary in addition to attachment (Please note: “See attached” is not acceptable) Limit of 1000 characters

* Funding Decision Needed by Date

Call for Grants
Applicable only if this request is in response to a Call for Grants

* Currency

USD

* Amount requested from Regeneron

0.00

* Total Program Budget

0.00

* Is other financial support being sought for this program?

☐ Yes ☐ No

* Anticipated Revenue from Registrations

0.00

Save and Back
Cancel

Save and Continue Later

Save and Proceed to Next Step

1. Program Type – select one.
2. Therapeutic Area – select one area. If multiple areas are covered, select the primary area.
3. Disease State – Select all that apply.
4. Program Title – There is a 500 character limit for this response.
5. Program/Activity Description – Include a summary of the description. You will be required to include a full description as a required attachment later in the application. Entering only “see attached” without a summary is not acceptable. There is a 1,000 character limit for this response.
6. Funding Decision Needed by Date – this date must be in advance of the first activity start date.
7. Call for Grants – Enter the Call for Grants identification number if you are responding to a request for proposal.
8. Currency – Regeneron only accepts grants in USD currency.
9. Amount requested from Regeneron – Enter the USD amount of support requested from Regeneron.
10. Total Program Budget – Enter the total cost of the educational initiative. This amount may be higher than the “Amount requested from Regeneron” but cannot be lower.
11. Is other financial support being sought for this program? – Answer yes if this is a multi-support opportunity.
12. Please indicate potential financial supporters – List other organizations that you will be requesting educational grant support from.

13. Anticipated Revenue from Registrations – Identify if registration fees will be collected for the learner to access the activity.
14. To continue, you have the option to:
 - Save and Back – saves the information you completed and takes you to the previous screen.
 - Save and Continue Later – saves the information completed and takes you to your system inbox.
 - Save and Proceed to Next Step – saves the information completed and takes you to the next application tab.
 - Cancel – deletes the information completed and takes you back to your system inbox.

Request Information Tab

Request Detail

Please complete all required fields. Asterisk (*) indicates a required field.

Hover over the help bubbles for additional information related to the applicable fields.

You must save each individual learning objective before adding another one, and before saving and proceeding to next step.

Request ID MED-OPT-2038

General Information

Request Information

Delivery Format

Planned Outcomes

Outcomes Assessment

Budget

Document Uploads

Accreditation & Partners

Authorized Signer & Payee

Compliance Commitment

Provider Accountability

Request Information

* Needs Assessment Summary
Limit of 1000 characters

* Which competencies will be achieved?
(select all that apply) Please hold down CTRL to select multiple

Interpersonal and Communication Skills

Medical Knowledge

Patient Care

* Which National Quality Strategies (NQS) Priorities in action will be achieved?
(select all that apply) Please hold down CTRL to select multiple

Effective Care Coordination

Making Care more Affordable

NQS's Priorities in Action will not be addressed

Person- and Family-Centered Care

* Which patient/caregiver engagement practices will be achieved?
(select all that apply) Please hold down CTRL to select multiple



Personalized Medicine


Shared Decision Making



Treatment Expectations


Adverse Events/Side Effects Possibilities


* Learning Objectives
Please add one objective per box and click the save icon to add an objective. Character limit is 255 characters. Learning Objectives will be a required document.

Objective	Action
	
	

 Add Objective

 Save and Back
  Cancel

 Save and Continue Later

Save and Proceed to Next Step 

1. Needs Assessment Summary – Include a summary of the needs assessment. You will be required to include a full needs assessment as a required attachment later in the application. Entering only “see attached” without a summary is not acceptable. There is a 1,000 character limit for this response.
2. Which competencies will be achieved? – Select all that apply of the following options:
 - Practice-Based Learning and Improvement
 - Patient Care
 - Systems-Based Practice
 - Medical Knowledge

- Interpersonal and Communication Skills
 - Professionalism
3. Which National Quality Strategies (NQS) Priorities – Select all that apply of the following options:
 - Safer Care
 - Effective Care Coordination
 - Person- and Family-Centered Care
 - Prevention and Treatment of Leading Causes of Mortality
 - Supporting Better Health in Communities
 - Making Care more Affordable
 - NQS’s Priorities in Action will not be addressed
 4. Which patient/caregiver engagement practices will be achieved? – Select all that apply of the following options:
 - Personalized Medicine
 - Shared Decision Making
 - Treatment Expectations
 - Adverse Events/Side Effects Possibilities
 - Adherence Strategies
 - Care Transition Planning
 - Patient/caregiver engagement practices will not be addressed
 - Other
 5. Learning Objectives – Add one objective per box and click the save icon next to each box to add the objective. There is a 225 character limit for each objective line. Learning Objectives will also be a required attachment later in the application.
 6. Click the Save button for each objective added
 7. To continue, you have the option to:
 - Save and Back – saves the information you completed and takes you to the previous screen.
 - Save and Continue Later – saves the information completed and takes you to your system inbox.
 - Save and Proceed to Next Step – saves the information completed and takes you to the next application tab.
 - Cancel – deletes the information completed and takes you back to your system inbox.

Delivery Format Tab

Request Detail

Please complete all required fields. Asterisk (*) indicates a required field.

Hover over the help bubbles for additional information related to the applicable fields.

If your live event takes place in multiple locations, hover over the help bubble to find specific instructions regarding how to enter the necessary information.

You must save at least one activity in order to add an additional activity or save and proceed to next step.

Request ID MED-OPT-2038

General Information
Request Information
Delivery Format
Planned Outcomes
Outcomes Assessment
Budget
Document Uploads
Accreditation & Partners

Authorized Signer & Payee
Compliance Commitment
Provider Accountability

Delivery Format

Total # Of Activities :	0	Total # of Learners :	0
Enduring Activities :	0	Enduring Learners :	0
Live Activities :	0	Live Learners :	0
Web Activities :	0	Web Learners :	0

Click here to add another activity

* Delivery Format Type

Audience Group	Specialty	Category of Credit	CE/CME Credit Hours for Category	# of Invitations/ Distribution Reach	# of Expected Learners	# of Learners Expected to Receive Credit

Click here to add another audience

Total # Of Activities :	0	Total # of Learners :	0
Enduring Activities :	0	Enduring Learners :	0
Live Activities :	0	Live Learners :	0
Web Activities :	0	Web Learners :	0

Click here to save Activity

Save and Back
Save and Continue Later
Save and Proceed to Next Step
Cancel

The box at the top of this form represents an automatically accumulated total of the educational activity formats included in the request. If you are applying for a multi-activity curriculum, each activity should be identified in this section. If an activity has more than one delivery format type, that should be represented as well.

1. Delivery Format Type – select a format type to begin. Based on the format type selected, a series of questions will appear specific to that format for completion.
2. To save the activity/format, click “Click here to save Activity.” Information will not be saved if you do not click this option before adding additional activities and/or formats or moving to the next application tab.
3. To add additional activities and/or formats, click on the “Click here to add another activity” option. A new delivery chart will appear for completion.
4. To edit a saved activity/format, click on the pencil icon on the left side of the chart to access the inputted information.
5. To delete a saved activity/format, click on the red “X” icon on the left side of the chart.
6. Once all activities and/or formats are inputted, click on one of the following options to continue:
 - Save and Back – saves the information you completed and takes you to the previous screen.

- Save and Continue Later – saves the information completed and takes you to your system inbox.
- Save and Proceed to Next Step – saves the information completed and takes you to the next application tab.
- Cancel – deletes the information completed and takes you back to your system inbox.

Enduring Material

* Activity Title

* Delivery Format Type

* Delivery Format

* # of Speakers/Faculty Members

* Please provide a description of Enduring Activity:

* Release Date

* Expiration Date

* Distribution Vehicle
Limit 200 Characters

* Is this activity based on or the result of a medical meeting? ☐ Yes ☐ No


* Geographic Reach

* Audience Generation Tactics
Ex. Postal Mail, Email Blast

* Audience Group	* Specialty	* Category of Credit	CE/CME Credit Hours for Category	* # of invitations Expected to be Distributed	* # of Expected Learners	* # of Learners Expected to Receive Credit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

+ Click here to add another audience

Total # Of Activities :	0	Total # of Learners :	0
Enduring Activities :	0	Enduring Learners :	0
Live Activities :	0	Live Learners :	0
Web Activities :	0	Web Learners :	0

 Click here to save Activity

1. Activity Title – enter a title specific to this activity. If it is the same as the application title, reenter the title.
2. Delivery Format Type – confirm the appropriate format.
3. Delivery Format – Select the appropriate option:
 - Journal Article/Supplement
 - Monograph/Newsletter
 - CD-ROM/DVD/Video (Mailed)
 - General Support
 - Other
4. # of Speakers/Faculty Members – add the total number of speakers/faculty for this specific activity/format.
5. Please provide a description of Enduring Activity - Include a summary of the description. Entering only “see attached” without a summary is not acceptable. There is a 1,000 character limit for this response.

6. Release Date – include the anticipated release date of the activity/format. This information may be updated in the Status Reports required as part of your Provider Accountability Pledge. This date must be after the “Funded Needed by Date.”
7. Expiration Date – include the anticipated expiration date of the activity/format. This information may be updated in the Status Reports required as part of your Provider Accountability Pledge. This date must be after the “Release Date.”
8. Distribution Vehicle – explain the vehicle that will be used to distribute the enduring activity, i.e., journal title or association mailing list. This information may be updated in the Status Reports required as part of your Provider Accountability Pledge.
9. Is this activity based on or the result of a medical meeting? – If the content for this activity is based on a live meeting presentation, select “Yes.”
10. Medical Meeting Name – select the appropriate meeting name. If activity is related to other meeting types, please provide the name of other medical meeting – list the meeting name including year of presentation, i.e. 2016 Association Annual Meeting, if not included in the above question’s list.
11. Geographic Reach – Select the appropriate option:
 - Local
 - Regional
 - National
 - Global
12. Audience Generation Tactics – describe the announcements and marketing tactics that will be used to announce the activity/format to the identified learner audience.
13. Audience Group – Select an audience group from the following options. You have the ability to add additional audience groups by selecting “Click here to add another audience.” Each additional audience group should appear as its own row in the chart.
14. Specialty – select the appropriate option for the identified audience group for each row.
15. Category of Credit – select the appropriate option for the identified audience group for each row:
 - CE/CME
 - Non-CE/CME
 - PI-CME
 - Other
16. CE/CME Credit Hours for Category – select the appropriate option for the identified audience group for each row.
17. # of invitations Distributed/Distribution Reach – identify how many learners in the respective audience group will have access to the activity/format, i.e., distribution total of a journal or association mailing list total.
18. # of Expected Learners – identify how many learners you expect from the respective audience group. Learners are defined as attendees/participants who accessed the educational content beyond the CME preamble information/front matter, faculty and disclosure information.
19. # of Learners Expected to Receive Credit – identify how many learners you expect to complete the activity in its entirety and earn a certificate of credit from the respective audience group.

20. Add additional audience groups by selecting the “Click here to add another audience” option.

Live

* Activity Title

* Delivery Format Type

Live

* Delivery Format

* # of Speakers/Faculty Members

* Activity Start Date

* Activity End Date

* Venue

* Country

* City

* Zip/Postal Code

* Is this activity at or in conjunction with a medical meeting?

☐ Yes
☐ No

Conference Registration website

* Is there a display opportunity for this program?

☐ Yes
☐ No

* Geographic Reach

* Audience Generation Tactics

* Audience Group

* Specialty

* Category of Credit

CE/CME Credit Hours for Category

* # of invitations Expected to be Distributed

* # of Expected Learners

* # of Learners Expected to Receive Credit

Click here to add another audience

Total # Of Activities :

0

Total # of Learners :

0

Enduring Activities :

0

Enduring Learners :

0

Live Activities :

0

Live Learners :

0

Web Activities :

0

Web Learners :

0

Click here to save Activity

If your live activity is occurring in multiple locations, you must add supporting documentation listing location specifications for each live presentation as an optional upload in the [Upload Document](#) tab.

1. Activity Title – enter a title specific to this activity. If it is the same as the application title, reenter the title.
2. Delivery Format Type – confirm the appropriate format.
3. Delivery Format – Select the appropriate option:
 - Grand Rounds
 - Other Regularly Schedule Series
 - State/Regional/Chapter Meeting
 - Symposium
 - Workshop/Roundtable
 - General Support

- Other
- 4. # of Speakers/Faculty Members – add the total number of speakers/faculty for this specific activity/format. If your live activity is occurring in multiple locations, enter the total # of Speakers for all presentations.
- 5. Activity Start Date – include the anticipated first presentation date of the activity/format. If your live activity is occurring in multiple locations, enter the first live activity occurrence as the Activity Start Date. This information may be updated in the Status Reports required as part of your Provider Accountability Pledge. This date must be after the “Funded Needed by Date.”
- 6. Activity End Date – include the anticipated last presentation date of the activity/format. If your live activity is occurring in multiple locations, enter the last activity occurrence as the Activity End Date. This information may be updated in the Status Reports required as part of your Provider Accountability Pledge. This date must be after the “Release Date.”
- 7. Venue – list the location name of the presentation. If your live activity is occurring in multiple locations, enter “Multiple Locations” in this field. You will need to upload supporting documentation listing location specifications (presentation dates, venue, location information) for each live presentation.
- 8. Country – enter the country of your presentation. If your live activity is occurring in multiple locations, enter “Multiple Locations” in this field. You will need to include country as part of the location information in the supporting documentation.
- 9. City – enter the city of your presentation. If your live activity is occurring in multiple locations, enter “Multiple Locations” in this field. You will need to include it as part of the location information in the supporting documentation.
- 10. Province/Region – enter the province/region of your presentation. If your live activity is occurring in multiple locations, enter “Multiple Locations” in this field. You will need to include province/region as part of the location information in the supporting documentation. This question is applicable for ex-US countries only.
- 11. Zip/Postal Code – enter the zip/postal code of your presentation. If your live activity is occurring in multiple locations, enter “Multiple Locations” in this field. You will need to include zip/postal code as part of the location information in the supporting documentation.
- 12. Is this activity at or in conjunction with a medical meeting? – If activity is being presented at a larger medical meeting rather than a stand-alone presentation, select “Yes.”
- 13. Medical Meeting Name – select the appropriate meeting name.
- 14. If activity is related to other meeting types, please provide the name of other medical meeting – list the meeting name including year of presentation, i.e. 2016 Association Annual Meeting, if not included in the above question’s list.
- 15. Conference Registration website – enter the URL for the conference web site. If this information is not yet available at the time of application, enter “N/A.” You will have the opportunity to update this field in the Status Reports required as part of your Provider Accountability Pledge.
- 16. Is there a display opportunity for this program? – identify if promotional exhibits or displays are available at the meeting.
- 17. Geographic Reach – Select the appropriate option:

- Local
 - Regional
 - National
 - Global
18. Audience Generation Tactics – describe the announcements and marketing tactics that will be used to announce the activity/format to the identified learner audience.
 19. Audience Group – Select an audience group from the following options. You have the ability to add additional audience groups by selecting “Click here to add another audience.” Each additional audience group should appear as its own row in the chart.
 20. Specialty – select the appropriate option for the identified audience group for each row.
 21. Category of Credit – select the appropriate option for the identified audience group for each row:
 - CE/CME
 - Non-CE/CME
 - PI-CME
 - Other
 22. CE/CME Credit Hours for Category – select the appropriate option for the identified audience group for each row.
 23. # of invitations Distributed/Distribution Reach – identify how many learners in the respective audience group will be sent announcements/invitations for the presentation(s), i.e., distribution total of a invitations.
 24. # of Expected Learners – identify how many learners you expect from the respective audience group. Learners are defined as attendees/participants who accessed the educational content beyond the CME preamble information/front matter, faculty and disclosure information.
 25. # of Learners Expected to Receive Credit – identify how many learners you expect to complete the activity in its entirety and earn a certificate of credit from the respective audience group.
 26. Add additional audience groups by selecting the “Click here to add another audience” option.

Web

* Activity Title

* Delivery Format Type

* Delivery Format

* # of Speakers/Faculty Members

* Activity Start Date

* Activity End Date

* Web URL [Click here to add another URL](#)
Maximum of 3 is allowed.

* Is this activity based on or the result of a medical meeting? ☐ Yes ☐ No


* Geographic Reach

* Audience Generation Tactics
Ex: Postal Mail, Email Blast

* Audience Group	* Specialty	* Category of Credit	CE/CME Credit Hours for Category	* # of invitations Expected to be Distributed	* # of Expected Learners	* # of Learners Expected to Receive Credit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

+ Click here to add another audience

Total # Of Activities :	0	Total # of Learners :	0
Enduring Activities :	0	Enduring Learners :	0
Live Activities :	0	Live Learners :	0
Web Activities :	0	Web Learners :	0

 Click here to save Activity

1. Activity Title – enter a title specific to this activity. If it is the same as the application title, reenter the title.
2. Delivery Format Type – confirm the appropriate format.
3. Delivery Format – Select the appropriate option:
 - Audio Program
 - Journal Club
 - Medical Simulations
 - Multimedia
 - Podcast
 - Monograph/Newsletter
 - Webinar/Webcast/Archive
 - Video Grand Rounds
 - Other
4. # of Speakers/Faculty Members – add the total number of speakers/faculty for this specific activity/format.
5. Activity Start Date – include the anticipated start date of the activity/format. This information may be updated in the Status Reports required as part of your Provider Accountability Pledge. This date must be after the “Funded Needed by Date.”
6. Activity End Date – include the anticipated end date of the activity/format. This information may be updated in the Status Reports required as part of your Provider Accountability Pledge. This date must be after the “Release Date.”

7. Web URL – list the web address that learners will use to access the activity. If this information is not yet available at the time of application, enter “N/A.” You will have the opportunity to update this field in the Status Reports required as part of your Provider Accountability Pledge.
8. Is this activity based on or the result of a medical meeting? – If the content for this activity is based on a live meeting presentation, select “Yes.”
9. Medical Meeting Name – select the appropriate meeting name.
10. If activity is related to other meeting types, please provide the name of other medical meeting – list the meeting name including year of presentation, i.e. 2016 Association Annual Meeting, if not included in the above question’s list.
11. Geographic Reach – Select the appropriate option.
12. Audience Generation Tactics – describe the announcements and marketing tactics that will be used to announce the activity/format to the identified learner audience.
13. Audience Group – Select an audience group from the following options. You have the ability to add additional audience groups by selecting “Click here to add another audience.” Each additional audience group should appear as its own row in the chart.
14. Specialty – select the appropriate option for the identified audience group for each row.
15. Category of Credit – select the appropriate option for the identified audience group for each row:
 - CE/CME
 - Non-CE/CME
 - PI-CME
 - Other
16. CE/CME Credit Hours for Category – select the appropriate option for the identified audience group for each row.
17. # of invitations Distributed/Distribution Reach – identify how many learners in the respective audience group will have access to the activity/format, i.e., website membership.
18. # of Expected Learners – identify how many learners you expect from the respective audience group. Learners are defined as attendees/participants who accessed the educational content beyond the CME preamble information/front matter, faculty and disclosure information.
19. # of Learners Expected to Receive Credit – identify how many learners you expect to complete the activity in its entirety and earn a certificate of credit from the respective audience group.
20. Add additional audience groups by selecting the “Click here to add another audience” option.

Planned Outcomes Tab

Request Detail

Please complete all required fields. Asterisk (*) indicates a required field.

Select the maximum planned outcomes level for each activity included in this grant request from the dropdown(s) list under **Outcomes Level**. All requests for \$30,000 or greater must measure a minimum of Level 3 Outcomes.

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Planned Outcomes

Activity Title	Start Date	End Date	Delivery Format Type	Delivery Format	Outcomes Level *
Screenshots Capture	30 May 2016	30 May 2017	Enduring Material	Journal Article/Supplement	<div> <div>Levels 1 and 2 are required for all grants awarded</div> <div>▼</div> </div>

Level	Description	Example Measurement Methods	Reconciliation Expectations
1: Participation	The number of learners who participated in the educational activity.	Participant Records	<ul style="list-style-type: none"> You will be required to enter the actual number of U.S. learners for each audience group. For online programs, participation should reflect actual "unique visitors" who participated in the education. If the actual number of learners is less than 80% of the expected number of learners, an explanation as to why the anticipated number of learners was not achieved will be required. In addition, you will be required to enter the average years in practice of learners and the average number of patients seen per week by the learners with the disease topic addressed in the education. This information will be collected as an average across all learners who participated in the education. You will be required to upload a full report describing participation level outcomes, which should contain at minimum the demographic details of participants by specific format of the education and a definition of "unique visitor" if appropriate.
2: Satisfaction	The degree to which the expectations of the learners about the setting and/or delivery of the education were met.	Questionnaires completed by learners after an educational activity.	<ul style="list-style-type: none"> You will be required to enter the total number of responses, the number responding positively, and the average scores across the responses for at least one of the following satisfaction items: <ul style="list-style-type: none"> The design of the program was effective for the content conveyed; the content supported the identified learning objectives; The content was free of commercial bias; The content was relevant to your practice; The faculty/facilitator was effective; The faculty/facilitator/chair had expertise in the content area. You will also have the option to enter the number of "Yes" responses to the following statement: The learners were overall satisfied with the activity. This information will be expected for each activity type associated with your grant (e.g., live, web, enduring etc.). You will be required to upload a full report of satisfaction level outcomes. This report should contain at minimum the demographic details of the learners who completed the questionnaire and any additional findings related to learner satisfaction associated with the educational activity/initiative.
3: Learning	The degree to which learners state what the educational activity intended them to know. The degree to which learners state how to do what the educational activity intended them to know how to do.	Pre- and post-tests of knowledge; self-report of knowledge	<ul style="list-style-type: none"> You will be required to enter the number of respondents to your knowledge test, average scores to the knowledge tests and the standard deviation of the two groups (either pre/post or post/control). Or, you may provide changes in knowledge by reporting overall learners' agreement with the following statement: The program increased learner knowledge. NOTE: It is our preference that the data reported be that from the learners' first attempt to take the knowledge test. This is the best indication of changes in learner knowledge. You will be required to upload a full report with details regarding the methodology of assessment, knowledge test administered, demographic details of the sample of learners who completed the assessment, and any findings related to changes in learner knowledge, serving as indication of how the overall learning objectives were accomplished.
4: Competence	The degree to which learners show in an educational setting how to do what the educational activity intended them to be able to do.	Self-report of competence; intent-to-change.	<ul style="list-style-type: none"> You will be required to enter the total number of responses gathered, the Likert-scale type used, the number responding positively, and the average score across the responses for the intent-to-change measure selected. These intent-to-change measures include: <ul style="list-style-type: none"> I plan to make changes to my practice based on this activity; or, The activity improved my competence in managing patients with this disease/condition/symptom. The system will allow for entry of items captured across different Likert scales. You will be required to upload a full report containing details regarding methodology of assessment, demographic details regarding the sample of the learners who complete the questionnaire, timing of the assessment (immediate vs. follow-up), and findings related to competence and expected practice changes serving as an indication of how the overall learning objectives were accomplished..
5: Performance	The degree to which learners do what the educational activity intended them to be able to do in their practices.	Observation of performance in a patient care setting; patient charts; administrative databases; self-report of performance; case-based survey.	<ul style="list-style-type: none"> Requirements will depend on the specific method of performance assessment used. For case-based survey assessments, you will be required to enter the number of respondents to the performance assessment survey, the average scores to the performance questions by each group (pre/post test or post-test/control) and the standard deviation for each group. For self-reported performance change, you will be required to enter the method used to assess performance change (i.e. survey or interview), as well as the number of respondents who indicate changes have been made to their practice. You will be required to upload a full report that includes specific details regarding methodology and timing of assessment (immediate vs. follow-up), demographic details of the sample of learners assessed, findings showing how educational objectives have been achieved (e.g., education has led to performance changes), faculty interpretation of analysis and assessment findings, and details regarding perceptions or barriers that may be impacting the overall performance of learners.
6: Patient Health	The degree to which the health status of patients improves as a result of changes in the learners' practice behavior.	Health status measures recorded in patient charts or administrative databases; patient self-report of health status.	<ul style="list-style-type: none"> You will be required to select the method used to assess patient health. You will be required to upload a full report that includes specific details regarding methodology used to assess patient health, demographic details of the sample learners and patients participating in the assessment as well as results from the assessment.
7: Community Health	A community health assessment comparing a pre-education reference point to a post-education time that demonstrates the effect of the education on health outcomes across select patient population(s). Community level data may be derived from epidemiology, claims-based system, or other appropriate data source.	Documentation of how practice change(s) effects the health status of a specific population as a result of new/reinforced knowledge and competence gained from the education.	<ul style="list-style-type: none"> You will be required to summarize the community health assessment method in Status Updates and Outcomes Reports. In addition, you will be required to upload a full report that includes specific details regarding methodology used to assess community health, demographic details of the learners and the community participating in the assessment, as well as results from the outcomes study.

1. Moore DE Jr, Green JS, Gallis HA. Achieving desired results and improved outcomes: integrating planning and assessment throughout learning activities. J Contin Educ Health Prof. 2009 Winter;29(1):1-15.

Print
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This section identifies anticipated outcomes levels that will be planned for each activity/format included in the request. A description of Regeneron's expectations for each level is included on screen for your reference. Note that Regeneron required a minimum of Levels 1 and 2 for all activities. A minimum of Level 3 is for all grant amounts greater than \$30,000.

Regeneron does not consider subjective data as eligible for achieving an outcomes level. While subjective data is welcome, objective data must be presented to fulfill an outcomes level. Planned outcomes levels may be updated in the Status Reports required as part of your Provider Accountability Pledge.

1. Select the planned outcomes level that will be achieved for the each activity/format previously identified.
2. Once planned outcomes levels have been identified for all activities/formats, click on one of the following options to continue:
 - Save and Back – saves the information you completed and takes you to the previous screen.
 - Save and Continue Later – saves the information completed and takes you to your system inbox.
 - Save and Proceed to Next Step – saves the information completed and takes you to the next application tab.
 - Cancel – deletes the information completed and takes you back to your system inbox.

Outcomes Assessment Tab

Request Detail

For each activity included in this request, click the edit link in the **Edit** column to add your planned outcomes assessments.

Check each outcomes assessment you plan for the respective activity under the **Planned** column. Outcomes assessments marked in red are not required. All requests for \$30,000 or greater must measure a minimum of Level 3 Outcomes. Click **Save** under **Edit** column to save your selections.

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Planned Outcome Assessment Methods

Activity Title	Start Date	End Date	Delivery Format Type	Delivery Format	Outcomes Level	Edit
Screenshots Capture	30 May 2016	30 May 2017	Enduring Material	Journal Article/Supplement	2: Satisfaction	Save Cancel

Outcomes Level	Description	Acceptable Methods and Data Sources	Setting	Data Source	Planned?
1: Participation	Attendee/participation breakdown and demographics.	Total registrants signed up to attend the live activity	Pre-educational Setting	Objective	<input type="checkbox"/>
		Total distribution reach for enduring (print) activity *	Pre-educational Setting	Objective	<input type="checkbox"/>
		Total unique visitors to online activity	Educational Setting	Objective	<input type="checkbox"/>
		Total # of visits to online activity	Educational Setting	Objective	<input type="checkbox"/>
		Total # of learners – attendees/participants who accessed the educational content beyond the CME preamble information/front matter, facility and disclosure information. Include breakdown by profession, average years in practice, and average # of patients with condition that attendees/participants manage per month *	Educational Setting	Objective	<input type="checkbox"/>
		Total # of completers – learners who completed the final requirements of program/activity completion (e.g., post-test) including breakdown by profession, average years in practice, and average # of patients with condition that completers manage per month *	Educational Setting	Objective	<input type="checkbox"/>
		Total # of certificates issued – completers who passed the final requirements of program/activity completion (e.g., post-test) and/or were issued a certificate for credit including breakdown by profession, average years in practice, and average # of patients with condition that completers manage per month *	Educational Setting	Objective	<input type="checkbox"/>
2: Satisfaction	Evaluation responses rating content, delivery, and relevance to practice.	Completer ratings of faculty effectiveness, scientific balance and objectivity of content. *	Educational Setting	Objective	<input type="checkbox"/>
		Completer ratings of the extent to which identified learning objectives were met, relevancy to practice, and assistance with improving patient care. *	Educational Setting	Objective	<input type="checkbox"/>
3: Learning	Demonstration of what completers know as a result of the education and how to apply new/reinforced knowledge to clinical practice. <i>Check one of these two checkboxes if the grant amount is over \$30,000 or choose another option</i>	A comparison of knowledge question responses from a pre-education test of learners to at least one post-education test of completers (administered directly after the education or as a follow up to the education). A matched sample is not required but strongly recommended.	Educational Setting	Objective	<input type="checkbox"/>
		A comparison of knowledge question responses from a post-education test of completers (administered directly after the education or as a follow up to the education) to a control group of demographically and professionally similar healthcare providers who did not participate in the education. A baseline knowledge of completers is recommended.	Educational Setting and Clinical Setting	Objective	<input type="checkbox"/>
4: Competence	Self-report of general knowledge change. <i>Check one of these two checkboxes if you have selected Outcomes Level 4 or choose another option</i>	Completer ratings of the self-reported amount of knowledge change that occurred as a result of the education. This option must be used in combination with an objective knowledge assessment (level 3).	Educational Setting	Subjective	<input type="checkbox"/>
		A comparison of case-oriented question responses that demonstrates clinical behavior competency from a pre-education test/analysis of learners to at least one post-education test/analysis of completers (administered directly after the education or as a follow up to the education). A matched sample is not required but strongly recommended.	Educational Setting	Objective	<input type="checkbox"/>
5: Performance	Demonstration of possible practice changes in clinical scenarios as a result of new/reinforced knowledge showing increased competence gained from the education. <i>Check one of these two checkboxes if you have selected Outcomes Level 4 or choose another option</i>	A comparison of case-oriented question responses that demonstrates clinical behavior competency from a post-education test/analysis of completers (administered directly after the education or as a follow up to the education) to a control group of demographically and professionally similar healthcare providers who did not participate in the education. A baseline competence of completers is recommended.	Educational Setting	Objective	<input type="checkbox"/>
		Completer ratings of the self-reported intention to change clinical behavior after the education. Explanations for non-commitment to practice change are required. This option is required and must be used in combination with another objective competency assessment (level 4).	Educational Setting	Subjective	<input type="checkbox"/>
6: Patient Health	Demonstration of actual practice changes in clinical performance as a result of new/reinforced knowledge and competence gained from the education. <i>Check one of these two checkboxes if you have selected Outcomes Level 5 or choose another option</i>	Identification of specific performance changes made in practice by completers, including improved performance measure(s) and clinical habits, pre-education versus post-education. Provider performance level data may be retrieved from patient charts, EHR system, claims-based data, registry database, or other appropriate data source. A matched sample is required.	Practice Setting	Objective	<input type="checkbox"/>
		Identification of specific performance changes made in practice by completers, including improved performance measure(s) and clinical habits, post-education versus a control group of demographically and professionally similar healthcare providers who did not participate in the education. Provider performance level data may be retrieved from patient charts, EHR system, claims-based data, registry database, or other appropriate data source. A baseline competence of completers is recommended.	Practice Setting	Objective	<input type="checkbox"/>
7: Community Health	Identification of barriers to performance change. <i>Please check one of the questions from one of the two description levels if you have selected Outcomes Level 6 or choose another option</i>	Completer identification of self-reported barriers to performance change. This option is required and must be used in combination with another objective performance assessment (level 5).	Practice Setting	Subjective	<input type="checkbox"/>
		A comparison of specific patient health data from patient charts, electronic health records (EHR), or other appropriate database identifying pre-education practice to post-education practice of completers, and demonstrating the impact of education on patient care. A matched sample is required.	Practice Setting	Objective	<input type="checkbox"/>
8: Patient Health	Documentation of how practice change(s) effects the health status of patients as result of new/reinforced knowledge and competence gained from the education. <i>Please check one of the questions from one of the two description levels if you have selected Outcomes Level 6 or choose another option</i>	A comparison of specific patient health data from patient charts, electronic health records (EHR), or other appropriate database identifying post-education practice of completers to a control group of demographically and professionally similar healthcare providers who did not participate in the education, and demonstrating the impact on patient care. A baseline of patient health for completers is recommended.	Practice Setting	Objective	<input type="checkbox"/>
		A comparison of general practice level patient health data regarding improved performance measure(s) effects on patient care identifying pre-education practice to post-education practice of completers, and demonstrating the impact on patient health. Practice level data may be retrieved from patient charts, EHR system, claims-based data, registry database, or other appropriate data source. A matched sample is required.	Practice Setting	Objective	<input type="checkbox"/>
9: Patient Health	Documentation of how practice change(s) effects the health status of a specific population as a result of new/reinforced knowledge and competence gained from the education.	A comparison of general practice level patient health data regarding improved performance measure(s) effects on patient care identifying post-education practice of completers to a control group of demographically and professionally similar healthcare providers who did not participate in the education, and demonstrating the impact on patient health. Practice level data may be retrieved from patient charts, EHR system, claims-based data, registry database, or other appropriate data source. A baseline of practice level patient health for completers is recommended.	Practice Setting	Objective	<input type="checkbox"/>
		An analysis of patient responses to a health survey based on the post-education practice behavior(s) of the education's completers.	Practice Setting	Subjective	<input type="checkbox"/>
10: Community Health	Documentation of how practice change(s) effects the health status of a specific population as a result of new/reinforced knowledge and competence gained from the education.	A community health assessment comparing a pre-education reference point to a post-education time that demonstrates the effect of the education on health outcomes across select patient population(s). Community level data may be derived from epidemiology, claims-based system, or other appropriate data source.	Community Setting	Objective	<input type="checkbox"/>

Identification of the highest level of outcomes for additional assessment method(s).

Description of the additional assessment method(s).

Save and Back
Save and Continue Later
Save and Proceed to Next Step

This section explains how you plan to achieve each outcomes level identified in the previous [Planned Outcomes](#) tab. You will be required to complete a plan for each activity/format previously identified before you can proceed to the next application tab.

1. Select an activity row and click “Edit” in the last column of the table to add the outcomes assessment methods intended for that activity. A list of options will appear relevant to the maximum outcomes level identified.
2. Check off each method that will be employed for the respective activity.
3. Identification of the highest level of outcomes assessment method(s) – identify the highest level of outcomes you plan to achieve using the additional outcomes assessment methods described in the question below.
4. Description of the additional assessment method(s) – describe any additional outcomes assessment you plan to conduct for the respective activity. Regenon welcomes innovative objective studies demonstrating the impact of education on clinician knowledge, competence, and confidence as well as patient outcomes and care.
5. When you have identified all planned assessment methods for an activity/format, scroll up the top of the screen, find the respected activity/format row, and click “Save.” Upon successful completion, a green check icon will appear confirming the information has been saved.
6. If you do not want to save the completed information selected for that activity/format, click “Cancel.”
7. Complete this process for each activity/format listed on the chart.
8. If at any time you wish to change assessment methods previously submitted for an activity/format, click “Edit” to make the change(s).
9. Upon saving assessment methods for all the identified activities/formats, an assessment summary page will appear. Click on one of the following options at the bottom of the page to continue to the next application tab:
 - Save and Back – saves the information you completed and takes you to the previous screen.
 - Save and Continue Later – saves the information completed and takes you to your system inbox.
 - Save and Proceed to Next Step – saves the information completed and takes you to the next application tab.
 - Cancel – deletes the information completed and takes you back to your system inbox.

Budget Tab

Request Detail

Please complete all required fields. Asterisk (*) indicates a required field.

Proposed Program Costs refer to the total cost of the educational initiative. **Requested Amount from Regeneron** reflects the requested funding contribution from Regeneron. The **Proposed Program Costs** in the **Budget** tabs must equal the **Total Program Budget** entered in the *General Information* tab. Additionally, the **Requested Amount from Regeneron** in the **Budget** tabs must equal the **Amount Requested from Regeneron** in the *General Information* tab.

Click **Save and Proceed to Next Budget Tab** to complete the entire budget breakdown before proceeding to the next application tab.

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Budget Information

The Total Program Costs (calculated from tabs below) and Requested Amount from Regeneron (calculated from tabs below) must match the corresponding information provided on the General Information page in order to advance to the next page.

Please enter any expenses for your grant's Account & Activity Management.

Total Program Budget (from previous page) : USD 10,000.00
Requested amount from Regeneron : USD 10,000.00
Anticipated Revenue from Registrations (from previous page) : USD 00.00

Total Program Costs : USD 0.00
Requested Amount from Regeneron : USD 0.00

Account & Activity Management
Accreditation Costs
Content Development
Faculty and Staff Travel
Honoraria
Meals
Meeting Logistics
Outcomes

Production and Shipping

Account & Activity Management	Proposed Program Costs	Requested Amount from Regeneron	Comments
Logistics Management	<input type="text"/>	<input type="text"/>	<input type="text"/>
Financial management	<input type="text"/>	<input type="text"/>	<input type="text"/>
Content Management	<input type="text"/>	<input type="text"/>	<input type="text"/>
Audience Generation Management	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Program Costs : USD 0.00	Requested Amount from Regeneron Subtotal:USD 0.00	

Save and Back
Cancel
Save and Continue Later
Save and Proceed to Next Budget Tab
Save and Proceed to Next Step

This section breaks down the requested grant amount into categories. The summary information is auto-populated from information shared earlier in the application process.

- Input the budget breakdown organized in the following budget sub-tabs and categories:

<h3>Profile & Activity Management</h3> <ul style="list-style-type: none"> Logistics Management Financial Management Content Management Audience Generation Management Other <h3>Accreditation Costs</h3> <ul style="list-style-type: none"> Accreditation and Certificate Costs <h3>Content Development</h3> <ul style="list-style-type: none"> Creative Editorial Medical Writing 	<h3>Meeting Logistics</h3> <ul style="list-style-type: none"> Meeting Room(s) A/V Equipment - Rental & Labor Device - Rental & Labor Teleconference Costs Congress/Association Costs Onsite Meeting Support Other <h3>Outcomes</h3> <ul style="list-style-type: none"> Survey Development Data Analysis/Report Generation Outcomes Partner Other
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<p>Other</p> <p>Faculty & Staff Travel</p> <p>Faculty Airfare</p> <p>Faculty Mileage Reimbursement</p> <p>Faculty Transportation</p> <p>Faculty Hotel</p> <p>Faculty Meals</p> <p>Staff Airfare</p> <p>Staff Mileage Reimbursement</p> <p>Staff Transportation</p> <p>Staff Hotel</p> <p>Staff Meals</p> <p>Other</p> <p>Honoraria</p> <p>Role, Rate and Number of People</p> <p>Meals</p> <p>Breakfast</p> <p>Lunch</p> <p>Dinner</p> <p>Breaks/Snacks</p> <p>Other</p>	<p>Production & Shipping</p> <p>Live</p> <p>Design, Printing and Production</p> <p>Shipping and Postage</p> <p>Audience Generation</p> <p>Other</p> <p>Enduring</p> <p>CD-ROM/DVD</p> <p>USB Drive</p> <p>Print (e.g., Monograph, Supplement, Newsletter)</p> <p>Design, Printing and Production</p> <p>Shipping and Postage</p> <p>Audience Generation</p> <p>Other</p> <p>Web</p> <p>Development</p> <p>Hosting</p> <p>Maintenance</p> <p>Design, Printing and Production (for Graphic Design)</p> <p>Audience Generation</p> <p>Other</p>
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- For each cost listed, provide the total "Proposed Program Costs" as well as the "Amount Requested from Regeneron."
- If no cost is identified for a line item, enter \$0 as your response.
- To proceed, click on one of the following options at the bottom of the budget screen:
 - Save and Proceed to Previous Budget Tab – saves the information completed and takes you to the previous budget sub-tab.
 - Save and Proceed to Next Budget Tab – saves the information completed and takes you to the next budget sub-tab.
- Complete each budget sub-tab as requested.
- The system will automatically add all line items totals and compare them to the budget amounts shared earlier in the application process. Any discrepancies will be identified and you will have the opportunity to go back in the application and correct any errors.
- Once all budget sub-tabs are complete and balanced, click on one of the following options to continue with your application. :
 - Save and Back – saves the information you completed and takes you to the previous screen.
 - Save and Continue Later – saves the information completed and takes you to your system inbox.

- Save and Proceed to Next Step – saves the information completed and takes you to the next application tab.
- Cancel – deletes the information completed and takes you back to your system inbox.

Document Uploads Tab

Request Detail

Please complete all required fields. Asterisk (*) indicates a required field.

To upload documents, click the **Choose File** action link to search for the appropriate document you wish to upload. Select the file, then click **Upload**. The maximum upload size is 10 megabytes.

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Document Uploads

* Is the current W-9 Form in your profile up to date? ☒ Yes ☐ No
[View Uploaded Organization's Signed W-9 Form](#)

* Is the current Accreditation Certificate in your profile up to date? ☒ Yes ☐ No
[View Accreditation Certificate ACCME](#)

* Letter of Request	<input type="text"/>	Browse...	Clear
* Full Grant Request Proposal	<input type="text"/>	Browse...	Clear
* Detailed Agenda	<input type="text"/>	Browse...	Clear
* Needs Assessment	<input type="text"/>	Browse...	Clear
* Learning Objectives	<input type="text"/>	Browse...	Clear
* Outcomes Measurement Plan	<input type="text"/>	Browse...	Clear
Detailed Budget	<input type="text"/>	Browse...	Clear
Multiple Live Activities Location	<input type="text"/>	Browse...	Clear

Add Supporting Document

Save and Back
 Save and Continue Later
 Save and Proceed to Next Step

Cancel

This section allows you to upload both required and optional supporting documentation for your request.

1. Is the current W-9/W-8 Form in your profile up to date? – view the current W-9/W-8 associated with your organization’s record by clicking on the “View Uploaded Organization’s Signed W-9/W-8 Form.” If the form is current, select “Yes.” If the form is not current, select “No.” An option to upload the current W-9/W-8 form will appear. Upload the updated form and proceed to the next question.
2. Is the current IRS letter of determination in your profile up to date? – view the current IRS letter of determination associated with your organization’s record by clicking on the “View IRS letter of determination.” If the letter is current, select “Yes.” If the form is not current, select “No.” An option to upload the current IRS letter of determination will appear. Upload the updated form and proceed to the next question. This is only required for organizations identified as non-profit.
3. Is the current Accreditation Certificate in your profile up to date? – view the current Accreditation Certificate(s) associated with your organization’s record by clicking on the “View Accreditation Certificate.” If multiple certifications have been identified, multiple uploaded documents will

appear. If the certificate(s) is current, select “Yes.” If the certificate(s) is not current, select “No.” An option to upload the current certificate will appear. Upload the updated certificate(s) and proceed to the next question. This is only required for organizations identified as accredited.

4. Upload the following required documents specific to the grant request:
 - Letter of Request – this should be on the letterhead of the organization authorized to receive the grant funding.
 - Full Grant Request Proposal
 - Detailed Agenda
 - Needs Assessment
 - Learning Objectives
 - Outcomes Measurement Plan
 - Detailed Budget
5. If applicable, upload a document outlining the multiple presentation dates, venues, and locations as “Multiple Live Activities Location.”
6. Add any additional supporting documentation that you would like to share with the Grant Review Committee by selecting “Add Supporting Documentation.”
7. You have the ability to delete an uploaded document by clicking on “Clear” option on the right side of the document line.
8. Once all required and supporting documents have been uploaded, click on one of the following options to continue with your application. :
 - Save and Back – saves the information you completed and takes you to the previous screen.
 - Save and Continue Later – saves the information completed and takes you to your system inbox.
 - Save and Proceed to Next Step – saves the information completed and takes you to the next application tab.
 - Cancel – deletes the information completed and takes you back to your system inbox.

Accreditation & Partners Tab

Request Detail

Please complete all required fields. Asterisk (*) indicates a required field.

An **Accreditation Certificate** is required for each **Accrediting Body** selected.

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* Is the program certified?
☒ Yes ☐ No

* Is your organization the accreditor of this program?
☒ Yes ☐ No

* Please Select Accrediting Bodies
(Hold CTRL to make multiple selections)

AANP
AAFP
AAPA

+ Add Additional Accrediting Organization

* Are you partnering with an outcomes company?
☒ Yes ☐ No

* Name of Outcomes Partner

* Will you be working with a third party educational partner?
☒ Yes ☐ No

* What is the role of third party educational partner?

* Country

* Organization Name

* Address Line 1

Address Line 2

* City

* Zip/Postal Code

* Contact First Name

* Contact Last Name

* Telephone Number

* Email Address

Save and Back
Save and Continue Later
Save and Proceed to Next Step
Cancel

Accreditation details should be provided in this section.

1. Is the program certified? – Identify if the program is certified for credit. Select “Yes” if this is a multi-activity curriculum and at least one activity within the curriculum is certified for credit.
2. Is your organization the accreditor of this program?
 - If “Yes,” select all the Accrediting Bodies that apply.
 - Upload appropriate Accreditation Certificates as requested. You can remove uploaded certificates by clicking “Remove.”
 - If “No,” a questionnaire will appear requesting details on the Accrediting organization. Enter in the requested information and click on “Save Accreditor Information.” More than one accrediting partner can be identified. Select “Add Additional Accrediting Organization” to do so.

You will then be asked to identify any other partners that are collaborating with on this educational initiative.

1. Are you partnering with an outcomes company? – select “Yes” or “No.”
2. Name of the Outcomes Partner – add the organization name.
3. Will you be working with a third party educational partner? – select “Yes” or “No.”
4. What is the role of the third party educational partner? – identify the responsibilities of the partner.
5. Complete the identification and contact information the third party educational partner.
6. By checking this box I certify that this program is accredited and all program elements will abide by the conditions set forth by the associated accrediting bodies. – check off this certification statement to verify your intention for compliance.
7. To continue, click on one of the following options to continue with your application. :
 - Save and Back – saves the information you completed and takes you to the previous screen.
 - Save and Continue Later – saves the information completed and takes you to your system inbox.
 - Save and Proceed to Next Step – saves the information completed and takes you to the next application tab.
 - Cancel – deletes the information completed and takes you back to your system inbox.

Authorized Signer & Payee Tab

Request Detail

Please complete all required fields. Asterisk (*) indicates a required field.

The Authorized Signer is the person with the responsibility and authority to sign the Letter of Request.

The Payee Information reflects the contact person and address that grant payments should be directed to.

Request ID MED-OPT-2038

General Information
Request Information
Delivery Format
Planned Outcomes
Outcomes Assessment
Budget
Document Uploads
Accreditation & Partners

Authorized Signer & Payee
Compliance Commitment
Provider Accountability

Authorized Signer & Payee

* Is the Authorized Signer listed below correct? ☐ Yes ☒ No

* Please select the proper Authorized Signer Jane Doe

Add a Different Authorized Signer

Authorized Signer Title Screenshot

Authorized Signer First Name Jane

Authorized Signer Last Name Doe

Authorized Signer Email Address janedoe@dispostable.com

Payee Information

* Attention Jane Doe

Country	Remit to Address	City	State/Province/Region	Zip/Postal Code	
United States	123 Main Street, Suite 100	Test	GA	12345	Edit

Save and Back
 Save and Continue Later
 Save and Proceed to Next Step
 Cancel

1. Is the Authorized Signer listed below correct?
 - If the auto-populated information is correct, click “Yes.”
 - If the auto-populated information is incorrect, click “No.” You will have the opportunity to input the correct information by selecting “Add a Different Authorized Signer.” Click “Save” to upload the correct information.

2. Enter the first and last name of the Payee representative who should receive the grant funds.
3. Confirm that the Payee address is correct. If not, click “Edit” to make the appropriate updates.
4. To continue, click on one of the following options to continue with your application. :
 - Save and Back – saves the information you completed and takes you to the previous screen.
 - Save and Continue Later – saves the information completed and takes you to your system inbox.
 - Save and Proceed to Next Step – saves the information completed and takes you to the next application tab.
 - Cancel – deletes the information completed and takes you back to your system inbox.

Compliance Commitment Tab

Request Detail

Please read the Compliance Commitment carefully. You must agree to all of the following terms and conditions before you are able to proceed.

Request ID MED-OPT-2038

General Information

Request Information

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Authorized Signer & Payee

Compliance Commitment

Provider Accountability

Compliance Commitment

Please read this commitment carefully. You must agree to all of the following terms and conditions before you are able to proceed. In the event that Regeneron decides to support your request, your acceptance certifies:

- The proposed program/activity will be primarily dedicated in both time and effort to promoting objective, unbiased, balanced, and scientifically rigorous discourse on one or more health, scientific, or related topics identified as educational gaps within the target audience.
- The proposed program/activity will be independent and free from commercial influence.
- Your commitment to act in accordance with all applicable Regeneron policies and procedures; federal and state laws including those applicable in the jurisdiction(s) governing the grant or the independent medical education (IME) program/activity; and regulations and industry guidance, including guidelines implemented by the Office of Inspector General (OIG), the Food and Drug Administration (FDA), relevant accrediting organizations like the Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support, and the Pharmaceutical Research and Manufacturers of America (PhRMA) Code on Interactions with Healthcare Professionals.
- Confirmation that neither you nor your medical education partner(s) are on the United States Department of the Treasury Office of Foreign Assets Control List (OFAC), the United States Department of Health and Human Services Office of Inspector General (OIG), Food and Drug Administration (FDA), or Accreditation Council for Continuing Medical Education (ACCME), Accreditation Council for Pharmacy Education (ACPE), or the American Nursing Credentialing Center (ANCC) probation, debarment, or exclusion lists or any other exclusion lists that would affect the receipt of IME grant funding from Regeneron. Individuals and entities appearing on the exclusion list of any governmental agency are disqualified from receiving IME or research grants, contributions, or sponsorships from Regeneron.

By accepting these terms and conditions, you affirm that:

- You are fully authorized to submit this grant request and provide the information necessary in its application on behalf of the requesting organization and any medical education partners associated with the proposed program/activity.
- Your agreement to the Compliance Commitment, the Provider Accountability Pledge, or completion of the application for grant support does not constitute or represent a funding commitment by Regeneron. Only the Regeneron Grant Review Committee may approve or deny an IME grant request.
- Regeneron reserves the right to determine the awarded grant amount based upon evaluation of the grant request and costs involved in the development and execution of the proposed educational plan. The awarded grant amount will be clearly identified in the approval notification.
- If your IME grant request is approved, you will electronically sign the applicable Letter of Agreement before the grant may be executed and funds released.
- Any IME grant support received from Regeneron is not in any way connected to, or conditioned upon, any past, present, or future purchasing of or recommendation for any product manufactured or marketed by Regeneron.
- This IME grant request is for a program/activity that will take place in the future and not for a program/activity that has already taken place.

☐ I Agree

Back

Cancel

The Compliance Commitment verifies your intention to comply with all policies, regulations, and processes associated with independent medical education grant support and Regeneron. Requestor’s must agree to the terms and conditions of this commitment to proceed.

1. Read the Compliance Commitment and click “I agree.”
2. If you do not agree with the terms and conditions of the Compliance Commitment, you may cancel your application by selecting “Cancel” at the bottom of the page.
3. To continue, click on one of the following options to continue with your application. :
 - Save and Back – saves the information you completed and takes you to the previous screen.
 - Save and Continue Later – saves the information completed and takes you to your system inbox.

- Save and Proceed to Next Step – saves the information completed and takes you to the next application tab.
- Cancel – deletes the information completed and takes you back to your system inbox.

Provider Accountability Tab

Request Detail

Please read the Provider Accountability Pledge carefully. You must agree to all of the following terms and conditions before you are able to proceed.

Request ID MED-OPT-2038

General Information

Request Information

Delivery Format

Planned Outcomes

Outcomes Assessment

Budget

Document Uploads

Accreditation & Partners

Authorized Signer & Payee

Compliance Commitment

Provider Accountability

Provider Accountability

Please read this commitment carefully. You must agree to all of the following terms and conditions before you are able to proceed. In the event that Regeneron decides to support your request, your acceptance certifies your adherence to:

- **Status Reports** – You will submit quarterly status reports after execution of the LOA through the launch date of the last program/activity included in a grant via Regeneron's Grant management System (GMS).
- **Interim Outcomes Reports** – You will submit quarterly interim outcomes reports after the start date of the first program/activity through expiration of each program/activity within an approved grant via Regeneron's GMS.
- **Final Outcomes Reports** – You will submit a final outcomes report within 45 days after expiration of each program/activity included in an approved grant via Regeneron's GMS.
- **Final Reconciliation** – You will submit a final reconciliation of grant funds within 60 days after expiration of the final program/activity for an approved grant via Regeneron's GMS.
- **Unused Grant Funds Refund** – You will remit any unused grant funds greater than \$100 within 60 days after expiration of the final program/activity for an approved grant.
- **Records and Audit Rights** – You will maintain all records relating to an IME grant for a period of seven years after the end date of the last program/activity within a grant. Upon Regeneron's request, you will allow Regeneron auditors access to all records, including expense records, related to the IME grant at a mutually acceptable time and location. A Regeneron representative will contact you if Regeneron requests an audit.
- **Transparency Rights** – You acknowledge that Regeneron has the right, at its sole discretion, to disclose details of funded IME programs/activities as required by regulatory authorities and/or Regeneron policies. Disclosure may include, but it not limited to, details of the program/activity, grant recipient, and grant amount.

Failure to comply with the Provider Accountability Pledge requirements by the respective due dates may result in your exclusion from future grant consideration from Regeneron.

☐ I Agree

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Cancel

The Provider Accountability Pledge confirms your understanding of and commitment to Regeneron's expectations for status and outcomes reporting, financial reconciliation and the return of unused funds, and audit and transparency rights. Requestor's must agree to the terms and conditions of this pledge to proceed.

1. Read the Provider Accountability Pledge and click "I agree."
2. If you do not agree with the terms and conditions of the Provider Accountability Pledge, you may cancel your application by selecting "Cancel" at the bottom of the page.
3. To continue, click on one of the following options to continue with your application. :
 - Save and Back – saves the information you completed and takes you to the previous screen.
 - Save and Continue Later – saves the information completed and takes you to your system inbox.
 - Save and Proceed to Next Step – saves the information completed and takes you to the next application tab.
 - Cancel – deletes the information completed and takes you back to your system inbox.

REQUEST REVIEW

Request Detail

Request ID MED-OPT-300

General Information

Program Type

Independent Medical Education

Therapeutic Area

Ophthalmology

Disease State

DME

Program Title

Test

Program/Event Description

Test

Funding Decision Needed by Date

02 May 2016

Call for Grants

Currency

USD

Requested Amount from Regeneron

100.00

Total Program Budget

100.00

Is other financial support being sought for this program?

☐ Yes ☒ No

Anticipated Revenue from Registrations

100.00

Request Information

Needs Assessment Summary

test

Competencies that will be achieved by request

Interpersonal and Communication Skills

Country	Remit to Address	City	State/Province/Region	Zip/Postal Code
United States	line 001	my city	AK	12345

Agreement

☒ I agree to the Compliance Commitment of the Regeneron Request Management System and the use of this website. Should Regeneron approve this request we will make appropriate disclosure of the company's support.

☒ I agree to the Provider Accountability terms of Regeneron

Print

Cancel

Back

Submit

The application concludes with a review of all the information entered during the request process.

1. You can edit any portion of the application by clicking on the pencil and page icon under the appropriate section in the review screen.
2. You have the ability to print the review screen for your records by clicking on the print icon at the lower left corner of the page.
3. You may go back to the previous screen by selecting “Back.”
4. You may cancel the request deleting all the information completed by clicking on “Cancel” on the lower left corner of the page. This action takes you back to your system inbox.
5. To submit your request, select “Submit” on the lower right corner of the page.
6. A confirmation of your submitted application will appear with a Grant ID number. Save this number for your records and refer to the Grant ID in any correspondence with the Regeneron Medical Education team.
7. Click “Proceed” to return to your system inbox.

Thank You!

Grant ID: MED-OPT-304

Program Title: Screenshots Test

Thank you for submitting this independent medical education grant request. You may track your request through the status column located on your homepage of the Regeneron Grant Management System.

We will notify you when the Regeneron Grant Review Committee has made a decision on your request. As we evaluate your request, we may ask for additional information. Should we require additional information, you will receive an email notification indicating the information required, and further processing of the request will be on hold until the requested information is received.

Proceed ➡

8. Your submission is complete and you will be brought back to your home page.