INDEPENDENT MEDICAL EDUCATION REQUEST FORM
ACCREDITED AND NON-ACCREDITED EDUCATIONAL ACTIVITIES

Grant requests must be submitted to AMAG at least 30 days in advance of the scheduled event/program 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.
Version 07/2011

Institution Requesting:				Date Requested:	
Institution Secondary Name/Dept: Street Address: City, State Zip:					
Contact Name:					
Contact Telephone Number:		Fax:		Email:	
☐ This program is accredited. Choose: ☐ ACCME ☐ ACPE ☐ Other (please specify)					
☐ This program is non-accredited. Please specify the purpose of the non-accredited activity:					
Specify the title, date and venue of the proposed event/program Title: Date: Location/Venue:					
Specify target audience and indicate how the event/program will be advertised: Audience: Advertising:					
Describe educational need and objectives:					
Describe Institution's educational or healthcare mission and purpose:					
Is the Institution a 501 (c) 3 ("non-profit") organization? Yes: ☐ No: ☐ Institution's Tax ID Number:					
Is Institution an accredited CME provider? Yes: ☐ No: ☐					
Total Cost of Program: $					
Amount of the Request: $					
Are there multiple Sponsors seeking financial support for the activity? Yes: ☐ No: ☐ If yes, please list any joint Sponsors:					
Anticipated Number of Attendees:					
Will there be any registration of fee charged for attendees?: Yes: ☐ No: ☐ If yes, please specify the registration fee: $					

The following page to be completed by AMAG IME Review Committee

☐ 110 - Feraheme ☐ 120 - Mugard ☐ 210 - Makena ☐ 410 - BMT ☐ 420 - Intrarosa

Amount approved (if less than amount requested):$______________ **Approval Date___________________**

Medical Affairs Approval:

____ ____

(Sign Here) **(Print Name Here)**

Compliance Approval:

____ ____

(Sign Here) **(Print Name Here)**

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.