



ID/パスワード 登録手続き

Independent Medical Grants (医学教育プロジェクト/イベントへの助成、研究者主導研究への助成)に申請いただく皆様が、ID及びパスワードを登録する為の手引きです。

①

申請方法

- | | |
|------------------------|---|
| 1. メールアドレスの登録とパスワードの取得 | + |
| 2. 申請手続き | + |
| 3. 申請期間 | + |
| 4. 申請にあたっての留意点 | + |
| 5. 審査（レビュー） | + |
| 6. 結果案内 | + |
| 7. 助成契約の締結 | |
| 8. 助成金の使途 | |
| 9. 実施報告 | |
| 10. 情報の取り扱い | |
| 11. 情報公開 | |

公募型の医学教育プロジェクトへの助成の場合は
公募要項内に申請ページのURLが掲載されています。
公募要項内のURLより手続きをお願いします。

クリックしてください

申請ページへ

ファイザーのサイトを離れます

2



First time user? [Create your password](#)

[Please Log In](#)

クリックしてください

Independent Medical Education Application

E-mail Address:

Password:

[Show password](#)

LOG IN

[Forgot your password?](#)

Please note that you must have cookies and JavaScript enabled on your browser in order to successfully log in.

[Technical Questions](#)

3

Registration Information

* Please select the region in which you are located:

Other ▼

プルダウンメニューからOtherを選択してください

* indicates required field

CONTINUE

CANCEL

Otherを選択されましたら、“CONTINUE”をクリックしてください

Registration Information

* indicates required field

When you register on this website the personal information you submit will be used for the purpose of evaluating your submission and administering any resultant ongoing relationship with you. For more information on how Pfizer uses your information, click the relevant Pfizer Privacy Policy links located at the bottom of this page.

Please note that while we will not use your information for sales and marketing purposes (nor for transfer to any third party), your email will be added to a mailing list so that you will receive new requests for grant proposals (RFPs) in your region. If you wish to unsubscribe from this mailing list, please email GlobalMedicalGrants@pfizer.com with the subject line "Unsubscribe from RFP alerts".

For new users from China, please respond to this survey – [GMG China Privacy Consent Survey](#).

NOTE: In the **IRS Section** below, the Tax ID field states "Enter the nine digit US Tax ID of the 501(c)(3) non-profit organization for which you are applying". The requesting organization is **not** required to be a 501(c)(3) non-profit organization to submit a Medical Education application; however, you must still enter your Tax ID in this field.

- For U.S. based organizations - Please enter your Tax ID under the 'IRS Information' section below. If your organization is not located in the United States or does not have a U.S. Tax ID then leave this field empty.
- For Canadian organizations - If you do not have Business/Registration Number, enter 'N/A' for Not Applicable.
- For organizations based in England/Wales - If you do not have a Charity ID, enter 'N/A' for Not Applicable.

* First Name:

* Last Name:

名前を英語で入力してください

苗字を英語で入力してください

* Telephone #: 1234567890

電話番号を半角数字で入力してください

* E-mail Address: Please enter your e-mail address, e.g. yourname@yourdomain.com. You will need your e-mail address to log in.

aaaa@pfizer.com

メールアドレスを入力してください

* Confirm E-mail Address: Please enter your e-mail address, e.g. yourname@yourdomain.com.

aaaa@pfizer.com

* Password: The password must be between 6 and 32 characters and must contain the following special characters '!#\$%&_@'.

.....

パスワードをご自身で設定してください
-以下の条件を満たす必要があります-

* 6文字～32文字

* アルファベット1字以上含む

* 数字1字以上含む

* 「!,\$,-,@」のいずれかの文字を1字以上含む

* Confirm Password: The password must be between 6 and 32 characters and must contain the following special characters '!#\$%&_@'.

.....

* Organization Name: Enter the legal name of the organization for which you are applying.

Pfizer

主催団体の正式名称を英語で記載してください。学術集会等へのご申請の場合は、主催学会の名称を入力願います

Zip/Postal Code: 123456

郵便番号を半角数字で入力してください

* Organization Country: Japan

"Japan"を選択してください

IRS Information

Tax ID/Charity ID (if applicable): Enter the nine digit U.S. Tax ID of the 501(c)(3) non-profit organization for which you are applying. If you do not know the organization's Tax ID, please contact the business office of the organization or call the IRS toll-free at 1-877-829-5500. If your organization is not located in the United States or otherwise does not have a U.S. Tax ID number then leave this field empty.

入力不要です

全ての入力が完了しましたら "SUBMIT"をクリックしてください

SUBMIT

CANCEL

5

Welcome, yanli liu

EDIT PROFILE

LOGOUT

Welcome,

The organization you are currently associated with is Pfizer japan

Pfizer Independent Medical Education

An independent medical education grant is a type of grant which consists of Pfizer funding for independent medical education activities or initiatives which serve to maintain, develop, or increase the knowledge, skills, and/or professional performance of a healthcare professional (e.g. continuing medical education, continuing health education, continuing education). These activities or initiatives may or may not be accredited.

Competitive Grant Program: Pfizer's competitive grant program involves a publicly posted Request for Proposal (RFP) that provides detail regarding the area of interest, sets timelines, and notes whether requests will be reviewed and approved internally or by an expert review panel (ERP). The RFP will also describe eligibility requirements and what information must be in the submission.

How To Apply



Questions & Technical Support

Grant Application & Process Overview

[Submit a Request](#)

• START A NEW INDEPENDENT MEDICAL EDUCATION APPLICATION •

本画面にてID/パスワードの登録は完了です。

ID : 登録いただいたメールアドレス
パスワード : 登録いただいたパスワード