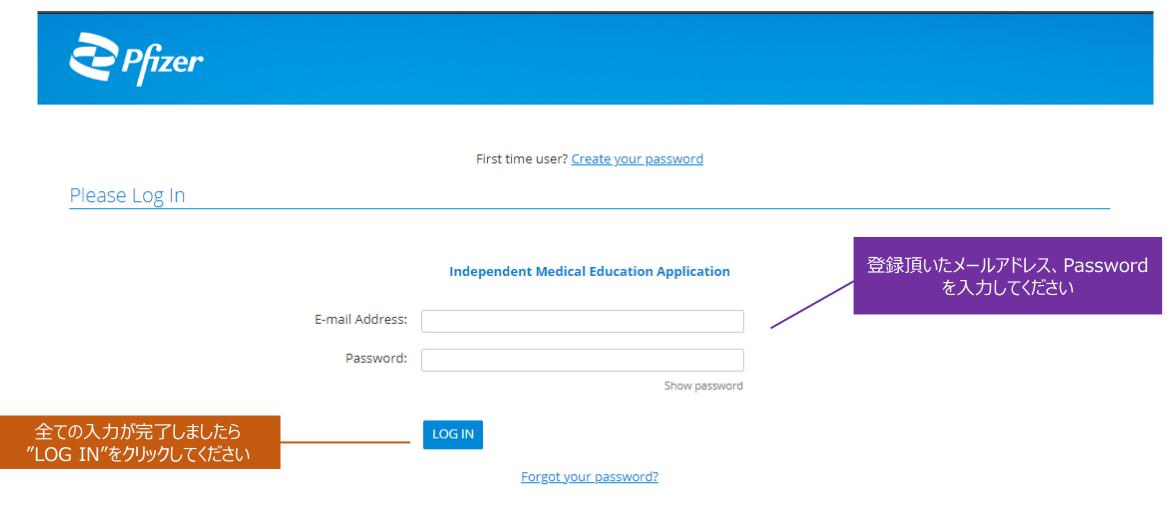
ファイザー 医学教育イベントへの助成 申請の手引き

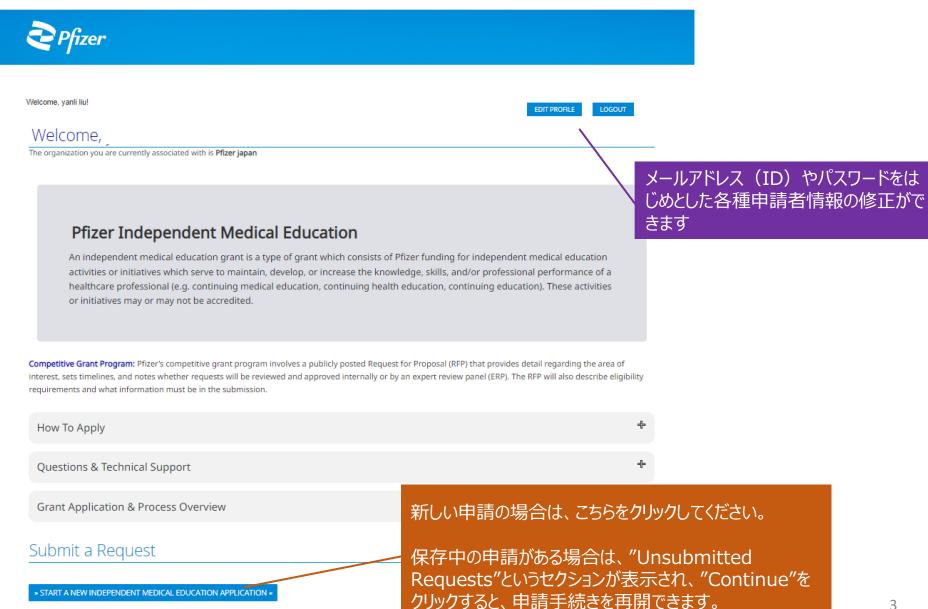
Log in



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

Technical Questions

[1] Welcome Page



[2] Introduction



LOGOUT

Welcome
PageIntroductionContactOrganizationEducationalProgram
PartnersDemographicsBudgetPayeeCompliance
DetailsInformationInformationPartnersOverviewDemographicsDetailsInformationCommitment

Introduction

【注意】"半角英数字"で入力ください

Important Notice:

This application is for seeking support from Pfizer for an independent medical education grant.

If this grant request is approved, all payments will be made to the requesting organization.

Please note that all online application fields (and any uploaded documents associated with the initial application) must be completed in English.

Please provide the name and email address of the individual at your Organization that is authorized to sign the contract if this grant is approved.

Pfizer only requires one signature. If your Organization requires an additional signature please provide that name and email address in the optional fields below.

助成が決定した場合に、助成契約書 (Grant Agreement) にサインを頂く方 の名前 を入力してください。

* Contract Agreement Terms	If your grant is approved, your institution will be required to enter into a written grant agreement with Pfizer. Please click here to view the core terms of the agreement. Pfizer has recently revised its grant agreement templates based on feedback from both internal and external stakeholders. Pfizer has drafted the terms of these agreements to be balanced and reasonable and to further the goals of both parties. Negotiating grant agreements requires significant resources, so please ensure that your institution (including your legal department) is able and willing to abide by these terms before proceeding with submission of your application as they will need to be accepted in their entirety.
* Authorized Signatory Name	Please ensure the person authorized to sign an agreement on behalf of the organization is listed here.

*Authorized Signatory Email メールアドレスを入力してください。

Additional Authorized Signatory Name (Optional)

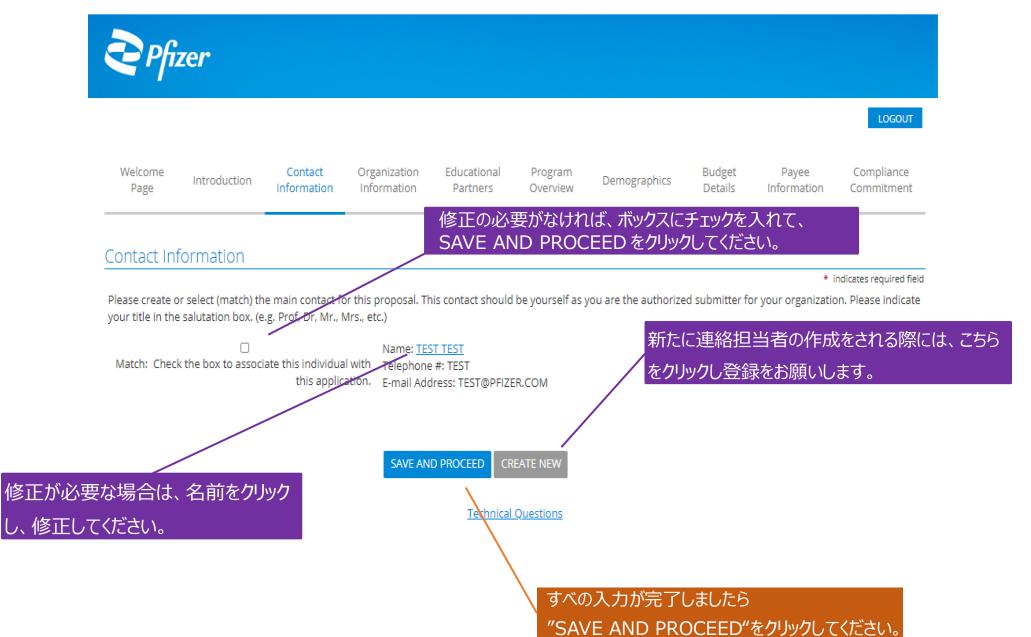
Additional Authorized Signatory Email (Optional)

Fully Executed Contract Will be uploaded if your request is approved and a contract has been signed by all necessary parties.

How did you hear about us/this opportunity?

SAVE AND PROCEED

[3] Contact Information



5

[4] Organization Information

Organization Educational Program Budget Payee Compliance Introduction Demographics Page Information Information Partners Overview Details Information Commitment Organization Information * indicates required field The Organization identified below will be the Organization that will be contracted (if Approved). * Legal Entity Name pfizer japan VAT Registration Number If VAT registered, please add number here 以下で入力する申請施設・団体が クリニック・診療所など個人所有の施設も Practice or Private Physician Office Could your organization be classified as a group practice or an individually owned private physician practice (i.e., 人は任意団体ではないことを確認の上、 an independent group of physicians not affiliated with a hospital, a |該当する団体タイプを、プルダウンメニュー Please note that Pfizer cannot provide grants to individuals, individ "No"を選択してください。 から選択してください。 informal groups which are not legal entities. 例)学会·研究会⇒Medical & Science Organization * Organization Type Medical & Science Organization * Country Japan v * Address 1 登録済情報から変更がある場合は、修 Address 2 (Optional) 正をお願いします。(英語で入力くださ * City test-city Province * Zip/Postal Code Website Address * Organization Mission Statement Please describe the mission or objectives of your organization. すべの入力が完了しましたら 団体の活動目的についての概略を記載 "SAVE AND PROCEED"をクリックしてください。

SAVE AND PROCEED

(1996 character(s) remaining)

してください。

[5] Educational Partners

Welcome Page

Introduction

Contact Information Organization Information Educational Partners Program Overview

Demographics

Budget Details

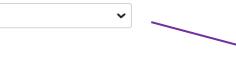
Payee Information Compliance Commitment

Educational Partners

* indicates required field

Please be aware that the Educational Partner is reviewed during the grant evaluation process. If the Educational Partner listed in your request has been non-compliant with Pfizer policies and procedures from past approved grant requests it may impact the decision made on your request.

* Are there any Partners or Collaborators assisting with the planning and/or implementation of this activity or intervention?



申請予定のプロジェクトを単独で実施する場合は、プルダウンメニューから"No"を選択してください。

他の施設・団体等と共同で実施する場合には"Yes"を選択してください

SAVE AND PROCEED

<u>Technical Questions</u>

[5] Educational Partners

Welcome Page

Introduction

Contact Information Organization Information Educational Partners Program Overview

Demographics

Budget Details Payee Information Compliance Commitment

Educational Partners

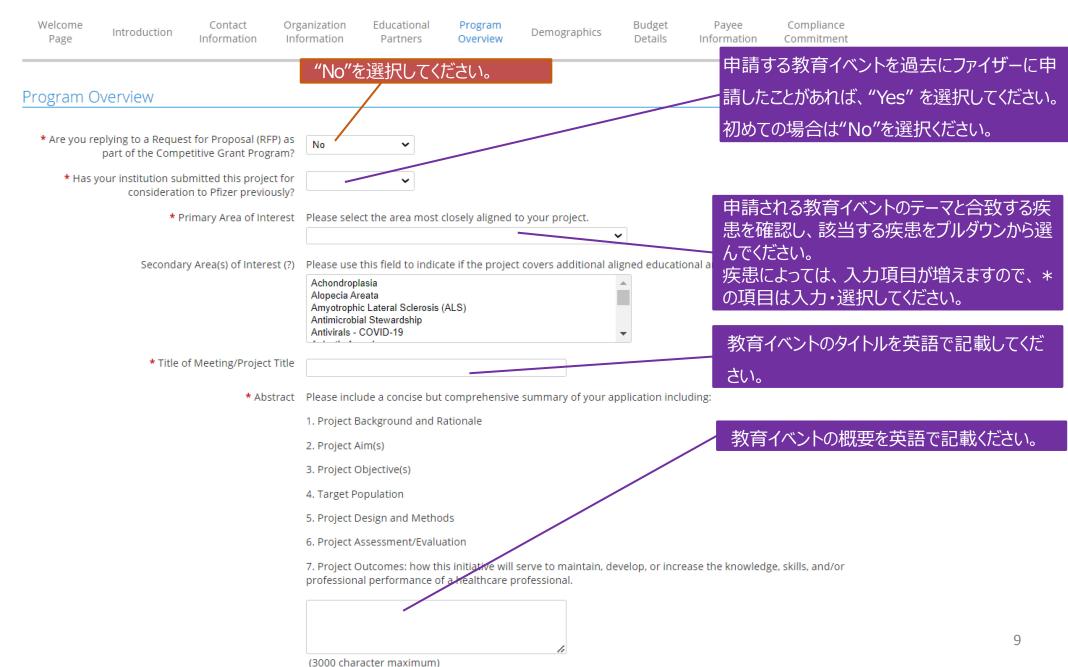
* indicates required field

"No"を選択した場合は 次ページに進んでください。 Partner is reviewed during the grant evaluation process. If the Educational Partner listed in your request has been non-compliant with past approved grant requests it may impact the decision made on your request.

Are there any Farthers or Collaborators assisting with the planning and/or implementation of this activity or intervention?	Yes	"Yes"を選択した場合、共同で実施する施設・ 団体数を選択してください。
How many Partners/Collaborators are you working with?	1 🔻	共同で実施する施設・団体名を入力してくださ い。
* 1st Organization Name		
* Contact Full Name		TAN/ ID-181/-1-1/101 A // 1.7 - 1-1/-1/-1
* Organization Tax ID Number	Enter "N/A" if the Partner Organization does not have a Tax ID	✓ TAX ID欄には"NA"と入力ください。
* Organization Email Address		団体の連絡担当者名とメールアドレスを 入力してください。

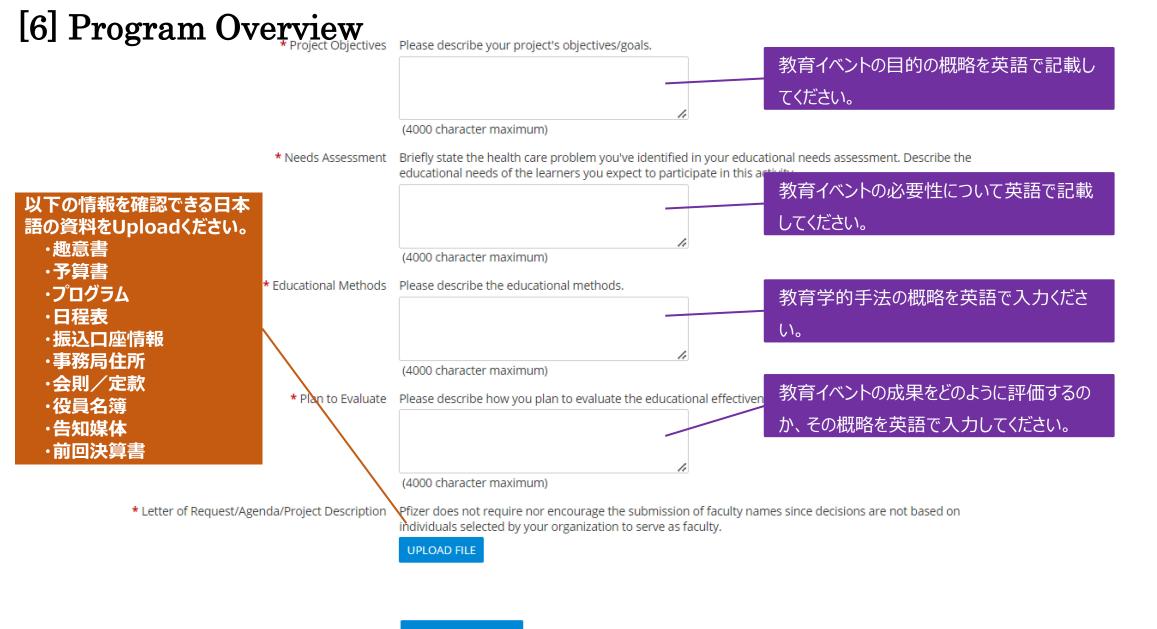
SAVE AND PROCEED

[6] Program Overview



[6] Program Overview

* Estimated Project Start Date (?)	Please note that the start date must be at least 90 days post submission.		
	MM/DD/YYYY 教育イベントの開始日と終了日をカレンダー		
* Estimated Project End Date (?)	The End Date should take into consideratio から選択ください。 summary reports.		
	申請される教育イベントが「疼痛」もしくは		
* Project/activity related to pain or opioids	Please indicate whether or not the project/activity for w 「オピオイド」に関連する場合は"Yes"を選includes discussions about pain or opioids.		
	NOTE: To be eligible for funding, project/activity related 択し、Attestationを確認してください。		
	increasing awareness of the risks of opioid addiction, abuse, and misuse; and 2) Detecting and preventing abuse, misuse, and diversion of opioids.		
	"No"を選択してください。		
* Will any component of your project offer education	(日本のプログラムは、原則 YES にはなりません)		
credit?			
* Venue Type	If there is no venue associated with this project please select 使用する教育イベントの会場タイプをプルダウンメニューから選択してください。		
Venue Name	(If applicable)		
Venue City	(If applicable)		
Venue Province/State			
* Venue Country	If there is no venue country associated with this project please select the primary country where the Target Audience resides.		
	Japanを選択してください。		



SAVE AND PROCEED

すべの入力が完了しましたら "SAVE AND PROCEED"をクリックしてください。 Technical Questions

[7] Demographics

すべの入力が完了しましたら

|"SAVE AND PROCEED"をクリックしてください

Welcome Contact Organization Educational Budget Payee Compliance Program Introduction Demographics Page Information Information Overview Details Information Commitment Partners Demographics * indicates required field 教育イベントの受講者(参加者)の予定 * Estimated Number of Learners 数を半角数字で入力ください。 * Targeted Learner Group (?) Dieticians Nurse Practitioners 参加者の主な属性をメニューより選択してく Nurses **Pharmacists** ださい。 Physician Assistants * Specialty (?) N/A Allergy and Immunology 主な参加者の専門領域をメニューから選択 Anesthesiology Cardiology してください。 Critical Care Medicine **SAVE AND PROCEED**

12

[8] Budget Details

選択してください



[8] Budget Details 教育イベントの支出予算総額の詳細各項目ごと Project Costs Please enter the total cost of the entire project even if you are only requesting partia Accreditation Fees に半角数字(日本円)で入力してください。 Audio & Visual (Fees and Support) Communications & Marketing Fees •生涯教育等認定費 Editorial and Graphic Development Fees •機材関係費 Educational Planning/Coordinator/Staff 通信運搬費 Faculty Honoraria Total Faculty Meals Total 編集関連費 Faculty Travel Total ・教育プログラム開催準備費 Food and Beverage for Participants/Attendees •招待者謝礼金 Production Total (invites/brochures handouts, etc.) •招待者飲食費 Project Management •招待者旅費 Venue Management (site selection, on-site time, etc.) ·飲食関係費 Venue (Fees and Costs) Other Project Costs •印刷、制作物費 0.00 Total 事務局経費 Describe Other Project Costs (if applicable) •設営関係費 •会場費 演者(招待者)の人数を半角数 ・その他経費 字で入力してください。 (500 character maximum) * Number of Faculty Other Project Costs(その他経費)の Budget Narrative (?) Please provide budget notes/clarification. 詳細をこちらにご入力ください。 (4000 character maximum) すべの入力が完了しましたら "SAVE AND PROCEED"をクリックしてください。

14

[9] Payee Information

Welcome Page

Introduction

Contact Information Organization Information Educational Partners Program Overview

Demographics

Budget Details Payee Information Compliance Commitment

* indicates required field

Payee Information

Please select the **EDIT** button below to view/edit the remittance address. If approved, this is where the funding will be mailed if paid via check.

* Payee Name1 MEG-J

* Payee Country Japan

* Payee Address1 test

Payee Address2

* City test

Province

Zip/Postal Code test

(注意) 登録時の情報が反映されておりますが、「趣意書」に記載のある「教育イベント」の主催団体事務局の情報に修正してください。

変更が必要な場合は、"EDIT"をクリックし修正してください。

Created by Akihiro Kamina on 01/28/2021

SAVE AND PROCEED

EDIT

[10] Compliance Committement

Compliance Commitment

* indicates required field

Please read the following terms and conditions carefully. You must agree to all of the following before you can submit your request to Pfizer for consideration. Please certify your agreement by clicking "I agree".

* Compliance Certification Please read the following certification carefully. You must certify the following before you can submit your request to Pfizer for consideration. Please certify your agreement by clicking "I agree".

> You certify that you are an active employee of the requesting organization, with the responsibility and authorization to apply for financial support from Pfizer.

You certify that you have no knowledge that Pfizer has had involvement in the creation or development of this

You certify that, if approved, you will disclose the source of all support from Pfizer in all publications and presentations. When Pfizer support is "in-kind" the nature of the support must be disclosed to learners.

You certify that, if approved, you will provide Interim Reports every six months throughout the lifecycle of the project, as well as a Final Report at the conclusion of your project. You also agree to provide monthly patient enrollment reports for clinical studies involving human subjects. If any of these required reports becomes overdue, Pfizer reserves the right to share your name with other representatives from your organization to assist in resolving the non-compliance. Further, you acknowledge non-compliance of required reports for previously approved grants may render your Institution as ineligible for new grants from Pfizer.

You certify that, if approved, in the performance of all activities related to an independent medical grant, you will comply with all applicable Global Trade Control Laws. "Global Trade Control Laws" include, but are not limited to, U.S. Export Administration Regulations; the International Traffic in Arms Regulations; EU export controls on dualuse goods and technology; Financial Sanctions Laws and Restrictive Measures imposed within the framework of the CFSP - Treaty on European Union; and the economic sanctions rules and regulations administered by the U.S. Treasury Department's Office of Foreign Assets Control.

You certify that, if approved, the grant has not been and will not be conditioned on or related, in any way, to: (a) any pre-existing or future business relationship with Pfizer; or (b) any business or other decision made or may be made, relating to Pfizer or its products (including coverage or formulary status decisions).

Further you certify that you are authorized to submit an application and provide information in an application on behalf of the requesting organization and any partner organization(s), and information provided in this application are truthful, accurate and complete

that neither you nor your organization's directors, trustees, and/or apyone that will be funded by this grant are on the OIG debarment list

ご同意頂けましたら、チェックをお願 いします。

If your Estimated Number of Learners are more than 500 then your event may be subject to compliance with the ethical standards set forth by the European Federation of Pharmaceuticals Industries and Associations (EFPIA), and may require approval by the Ethical MoTech Conference Vetting System/e4ethics. Where such approval is required, you must submit the event on website https://www.ethicalmedtech.eu/e4ethics/about-e4ethics/. If the approval is not obtained, Pfizer reserves the right to cancel the grant request.

Please note, if the request is approved your organization will be required to sign a contract which includes additional terms and conditions as they relate to the grant.

☐ I agree to the Compliance Certification



すべての項目の入力が完了しましたら、今まで入力した内容をご 確認頂けます。

内容に問題なければ、"SAVE AND PROCEED"をクリックしてください。

以上で申請は完了です。
ご不明な点がありましたらこちらまでご連絡ください。

MEG-J事務局 meg.japan@pfizer.com