

ファイザー

Independent Medical Education Grants

申請の手引き

(Full Proposal用)

Log in



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

Please Log In

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](#)

登録頂いたメールアドレス、Password
を入力してください

全ての入力が完了しましたら
"LOG IN"をクリックしてください

[1] Welcome Page

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](#)

メールアドレス (ID) やパスワードをはじめとした各種申請者情報の修正ができます

新しい申請の場合は、こちらをクリックしてください

保存中の申請がある場合は、“Unsubmitted Requests”というセクションが表示され、“Continue”をクリックすると、申請手続きを再開できます

[2] Introduction



LOGOUT

Welcome Page **Introduction** Contact Information Organization Information Educational Partners Program Overview Demographics Budget Details Payee Information Compliance Commitment

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.
 I agree to the Contract Agreement Terms

* 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

すべて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。

[3] Contact Information

The screenshot shows the Pfizer website's contact information form. At the top left is the Pfizer logo. A navigation bar includes links for Welcome Page, Introduction, Contact Information (highlighted), Organization Information, Educational Partners, Program Overview, Demographics, Budget Details, Payee Information, and Compliance Commitment. A LOGOUT button is in the top right. The main heading is 'Contact Information'. A purple callout box above the form says: '修正の必要がなければ、ボックスにチェックを入れて、SAVE AND PROCEED をクリックしてください。' (If no correction is needed, check the box and click SAVE AND PROCEED). Below the heading, a note says: '* indicates required field' and 'Please create or select (match) the main contact for this proposal. This contact should be yourself as you are the authorized submitter for your organization. Please indicate your title in the salutation box. (e.g. Prof., Dr., Mr., Mrs., etc.)'. There is a checkbox with the label 'Match: Check the box to associate this individual with this application.' and a name field containing 'TEST TEST'. Other fields show 'Telephone #: TEST' and 'E-mail Address: TEST@PFIZER.COM'. A purple callout box points to the 'Match' checkbox with the text: '新たに連絡担当者の作成をされる際には、こちらをクリックし登録をお願いします。' (When creating a new contact person, click here to register). Below the form are two buttons: 'SAVE AND PROCEED' (highlighted) and 'CREATE NEW'. A purple callout box points to the 'SAVE AND PROCEED' button with the text: '修正が必要な場合は、名前をクリックし、修正してください。' (If correction is needed, click the name and correct it). Below the buttons is a link for 'Technical Questions'. A brown callout box points to the 'SAVE AND PROCEED' button with the text: 'すべて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。' (After all input is complete, click "SAVE AND PROCEED").

[4] Organization Information

Organization Information

* indicates required field

The Organization identified below will be the Organization that will be contracted (if Approved).

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
しくは任意団体ではないことを確認の上、
"No"を選択してください。

* Legal Entity Name Pfizer japan

VAT Registration Number If VAT registered, please add number here

Practice or Private Physician Office Could your organization be classified as a group practice or an individually owned private physician practice (i.e., an independent group of physicians not affiliated with a hospital, academic medical center, or other health care organization)?
Please note that Pfizer cannot provide grants to individuals, individuals in informal groups which are not legal entities.

* Organization Type

* Country

* Address 1

Address 2 (Optional)

* City

Province

* Zip/Postal Code

Website Address

該当する団体タイプを、プルダウンメニューから選択してください。

登録済情報から変更がある場合は、修正をお願いします。

すべて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。

団体の活動目的についての概略を記載してください。

SAVE AND PROCEED

[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

[Technical Questions](#)

すべて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。

[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 Partners 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

* 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

すべて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。

[6] Program Overview

Program Overview

* Are you replying to a Request for Proposal (RFP) as part of the Competitive Grant Program? Yes

Competitive Grant Program Name **IMPORTANT:** If you are submitting an application in response to a Request for Proposal (RFP) when there is no open RFP in the area you selected, your application will not be reviewed and instead, will be cancelled. Pfizer will not accept unsolicited requests in the RFP category; your submission must be in response to an open RFP for which you will find the RFP area listed in this field.

* Has your institution submitted this project for consideration to Pfizer previously?

* Primary Area of Interest Please select the area most closely aligned to your project.

Secondary Area(s) of Interest (?) Please use this field to indicate if the project covers additional aligned educational areas.

- Achondroplasia
- Alopecia Areata
- Amyotrophic Lateral Sclerosis (ALS)
- Antimicrobial Stewardship
- Antivirals - COVID-19

* Title of Meeting/Project Title

* Abstract Please include a concise but comprehensive summary of your application including:

1. Project Background and Rationale
2. Project Aim(s)
3. Project Objective(s)
4. Target Population
5. Project Design and Methods
6. Project Assessment/Evaluation
7. Project Outcomes: how this initiative will serve to maintain, develop, or increase the knowledge, skills, and/or professional performance of a healthcare professional.

(3000 character maximum)

必ず“Yes”を選択してください。

今回応募した「公募のタイトル」をプルダウンメニューから選択してください。

申請するプロジェクトを過去にファイザーに申請したことがあれば、Yes を選択してください。

公募要項に記載されている“Primary Area of Interest”をプルダウンメニューから選択してください。疾患によっては選択後、詳細選択項目が増えます。

申請するプロジェクトのタイトルを英語で記載してください。

申請するプロジェクトの概要を英語で記載ください。

[6] Program Overview

* Estimated Project Start Date (?) Please note that the start date must be at least 90 days post submission.

* Estimated Project End Date (?) The End Date should take into consideration summary reports.

* Project/activity related to pain or opioids Please indicate whether or not the project/activity for which funding is requested includes discussions about pain or opioids.
NOTE: To be eligible for funding, project/activity related to pain or opioids must include: 1) Increasing awareness of the risks of opioid addiction, abuse, and misuse; and 2) Detecting and preventing abuse, misuse, and diversion of opioids.

* Will any component of your project offer education credit?

* Venue Type If there is no venue associated with this project please select the primary country where the Target Audience resides.

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.

プロジェクトの開始日と終了日をカレンダーから選択ください。

申請するプロジェクトが「疼痛」もしくは「オピオイド」に関連する場合は「Yes」を選択し、Attestationを確認してください。

「No」を選択してください。
(日本のプログラムは、原則 YES にはなりません)

プロジェクトで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。

Japanを選択してください。

[6] Program Overview

* Project Objectives

Please describe your project's objectives/goals.

(4000 character maximum)

プロジェクトの目的の概略を英語で記載してください。

* Needs Assessment

Briefly state the health care problem you've identified in your educational needs assessment. Describe the educational needs of the learners you expect to participate in this activity.

(4000 character maximum)

プロジェクトの必要性について英語で記載してください。

* Educational Methods

Please describe the educational methods.

(4000 character maximum)

教育学的手法の概略を英語で入力ください。

* Plan to Evaluate

Please describe how you plan to evaluate the educational effectiveness.

(4000 character maximum)

プロジェクトの成果をどのように評価するのか、その概略を英語で入力してください。

* Letter of Request/Agenda/Project Description

Pfizer does not require nor encourage the submission of letters of request from individuals selected by your organization to serve as faculty.

UPLOAD FILE

公募要項 最終ページのプロジェクト申請書様式をご参照の上、“プロジェクト申請書”をWord等で作成し、アップロードしてください。
この書類のみ日本語で作成して頂いて構いません。

SAVE AND PROCEED

[Technical Questions](#)

すべての入力が完了したら

“SAVE AND PROCEED”をクリックしてください。

[7] Demographics

Welcome Page

Introduction

Contact Information

Organization Information

Educational Partners

Program Overview

Demographics

Budget Details

Payee Information

Compliance Commitment

Demographics

* indicates required field

* Estimated Number of Learners

プロジェクト受講者（参加者）の予定数を半角数字で入力ください。

* Targeted Learner Group (?)

- Dieticians
- Nurse Practitioners
- Nurses
- Pharmacists
- Physician Assistants

主なプロジェクト受講者（参加者）の属性をメニューより選択してください。

* Specialty (?)

- N/A
- Allergy and Immunology
- Anesthesiology
- Cardiology
- Critical Care Medicine

主なプロジェクト受講者（参加者）の専門領域をメニューから選択してください。

SAVE AND PROCEED

すべて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。

[8] Budget Details

Welcome Page Introduction Contact Information Organization Information Educational Partners Program Overview Demographics **Budget Details** Payee Information Compliance Commitment

Budget Details

* indicates required field

* Currency Select the currency to be applied to the entire application (Must be JPY - Japanese Yen)

* Requested Amount from Pfizer Enter the amount requested in your local currency. Enter number

* Total Budget for the Project This is your total budget for the entire Project and may be greater than the requested amount.

* Infrastructure Expenses Independent medical grants must not be used to support infrastructure expenses (e.g., bricks and mortar). Examples of equipment include, but are not limited to, computers, appliances, machinery, camera equipment, sensors etc. Equipment must be used for the project budget.

I confirm my budget does not contain any requests for funds to support infrastructure expenses

* Items of Value You agree that, if approved, no portion of a Pfizer independent grant will be used to purchase/distribute "items of value" (items that possess a discernible value or benefit to participants. All grant recipient organizations will be required to ensure that grant funds are not used for items of value for faculty, learners or staff. Examples include, but are not limited to, stipends or gift cards provided to HCPs to take an activity out of the country).

I agree

* In-House Services (?) Do you plan on using in-house services (in lieu of, or in addition to, the services of a contractor) for this project/activity? For example, graphics, marketing, etc. If you have answered yes to this question you must provide details of completing the reconciliation.

プルダウンメニューから“JPY – Japanese Yen”を選択してください。

弊社への助成依頼額を入力してください。

プロジェクトの総予算を入力してください。

弊社からの助成金は PC・iPhone・カメラなどプロジェクト終了後に申請団体の資産となりうる高額な備品の購入に充てることができないことを確認してください。(レンタルは可)

上記の支出予算総額以外で、このプロジェクトを実行するために申請施設・団体内で費用が発生する場合は“Yes”を、発生しない場合は“No”を選択してください

弊社からの助成金は、講師や参加者に提供する“価値あるもの(教科書など)”に充てることができないことを確認してください。尚、この文章内に記載はございませんが、日本国内の業界ルール上、参加者の個人費用(参加費・交通費・飲食費)や懇親会費にも充てることはできません。

[8] Budget Details

重要

消費税の課税対象となる物品購入等に対して、消費税を含めた支援を希望される場合は、消費税を加味した金額を入力してください。

重要

ファイザーからの助成金をプロジェクトメンバーの給与・謝礼金に充てることはできません。

演者（講師）の人数を半角数字で入力してください。

* Number of Faculty

Budget Narrative (?)

Please enter the total cost of the entire project even if you are only requesting partial

| | |
|----------------------|---|
| <input type="text"/> | Accreditation Fees |
| <input type="text"/> | Audio & Visual (Fees and Support) |
| <input type="text"/> | Communications & Marketing Fees |
| <input type="text"/> | Editorial and Graphic Development Fees |
| <input type="text"/> | Educational Planning/Coordinator/Staff |
| <input type="text"/> | Faculty Honoraria Total |
| <input type="text"/> | Faculty Meals Total |
| <input type="text"/> | Faculty Travel Total |
| <input type="text"/> | Food and Beverage for Participants/Attendees |
| <input type="text"/> | Production Total (invites/brochures handouts, etc.) |
| <input type="text"/> | Project Management |
| <input type="text"/> | Venue Management (site selection, on-site time, etc.) |
| <input type="text"/> | Venue (Fees and Costs) |
| <input type="text"/> | Other Project Costs |

0.00 Total

(if applicable)

(500 character maximum)

Please provide budget notes/clarification.

(4000 character maximum)

SAVE AND PROCEED

ファイザーへの申請額の詳細（内訳）を各項目ごとに半角数字（日本円）で入力してください。

- ・生涯教育等認定費
- ・機材関係費
- ・通信運搬費
- ・編集関連費
- ・教育プログラム開催準備費
- ・招待者謝礼金
- ・招待者飲食費
- ・招待者旅費
- ・飲食関係費
- ・印刷、制作物費
- ・事務局経費
- ・設営関係費
- ・会場費
- ・その他経費

重要

助成金を飲食関係費に充てることはできません

重要

その他経費の詳細（内訳）を“Describe Other Project Costs”に記載してください

すべての入力が入力完了したら

“SAVE AND PROCEED”をクリックしてください。

[9] Payee Information

Welcome
Page

Introduction

Contact
Information

Organization
Information

Educational
Partners

Program
Overview

Demographics

Budget
Details

Payee
Information

Compliance
Commitment

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.

* indicates required field

* 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いる場合があります。
変更がの必要がない場合にはそのまま
"SAVE AND PROCEED"をクリックしてください。

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

すべての入力が完了したら
"SAVE AND PROCEED"をクリックしてください。

[10] Compliance Commitment

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 project.

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 dual-use 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 the information provided in this application are truthful, accurate and complete. You also certify that neither you nor your organization's directors, trustees, and/or anyone else who is or will be funded by this grant are on the OIG debarment list.

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 Pharmaceutical Industries and Associations (EFPIA), and may require approval by the Ethical MedTech 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

ご同意頂けましたら、チェックをお願いします。

SAVE AND PROCEED

[Technical Questions](#)

すべて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。

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