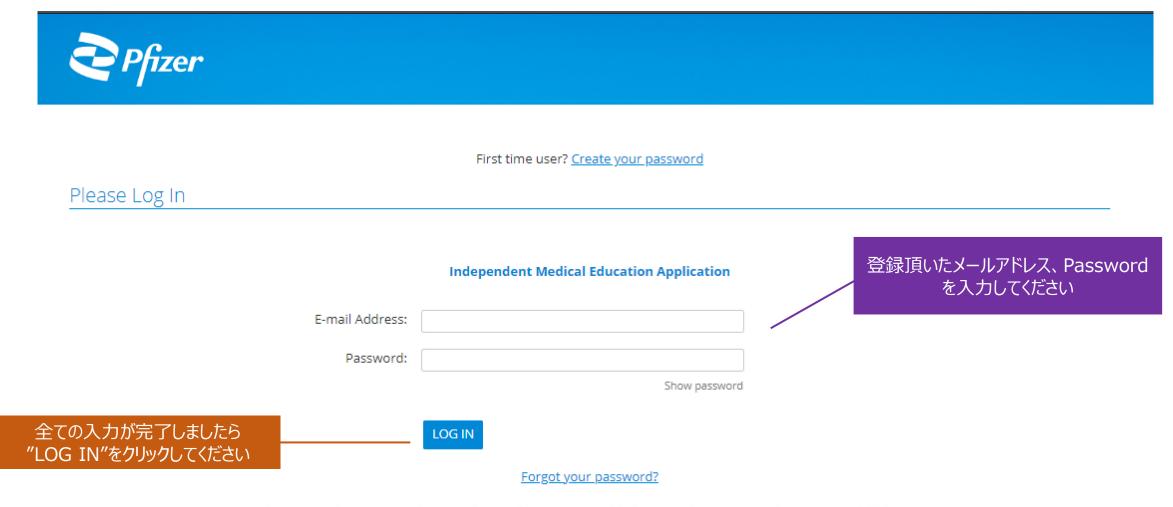
ファイザー Independent Medical Education Grants 申請の手引き (Full Proposal用)

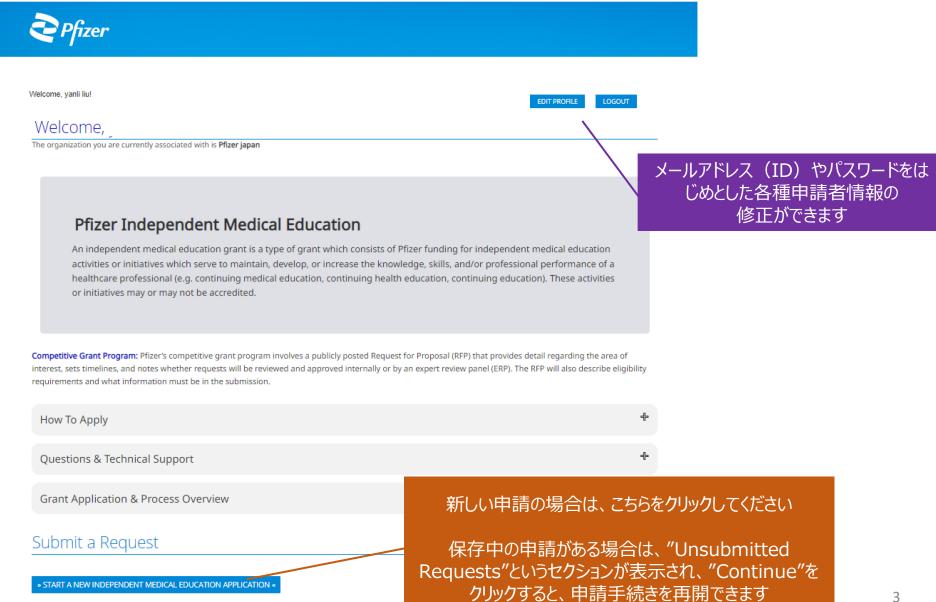
Log in



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

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PageIntroductionContactOrganizationEducationalProgram
PartnersDemographicsBudgetPayeeCompliance
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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)

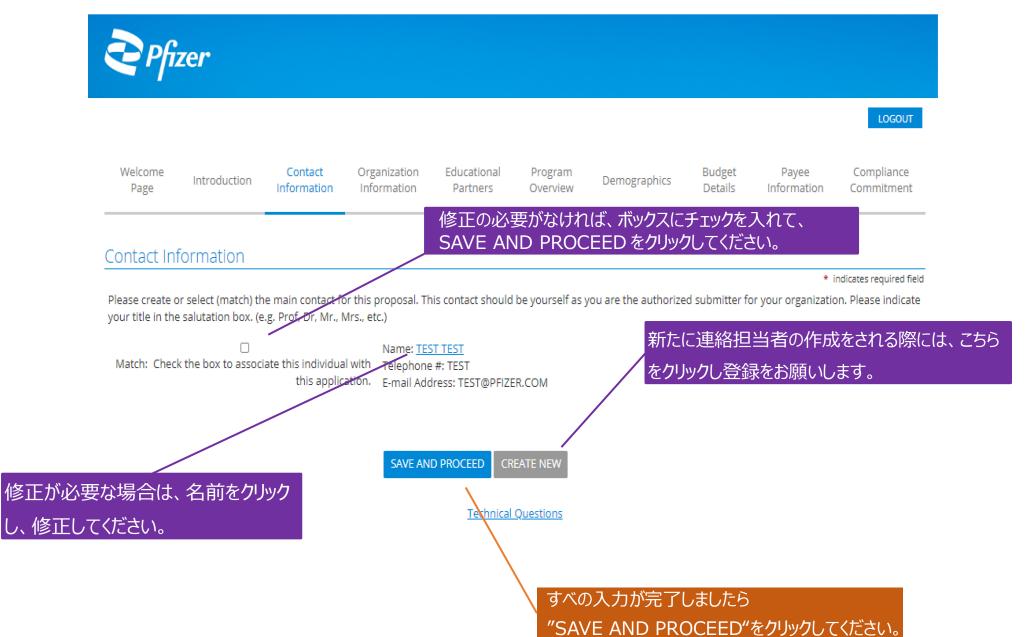
Additional Authorized Signatory Email (Optional)

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



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[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., しく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, indi-"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. * 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。 * 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。 (1996 character(s) remaining) してください。

SAVE AND PROCEED

[5] Educational Partners

Welcome Page

Introduction

Contact Information Organization Information Educational Partners Program Overview

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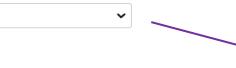
Payee Information Compliance Commitment

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

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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/ TO 488/-/-//ALAWI. 7. 4-7+**
* 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

Compliance Organization Educational Program Budget Payee Introduction Demographics Details Information Commitment Information Partners Overview 今回応募した「公募のタイトル」をプルダウンメ 必ず"Yes"を選択してください。 Program Overview ニューから選択してください。 * Are you replying to a Request for Proposal (RFP) as V part of the Competitive Grant Program? 申請するプロジェクトを過去にファイザーに申請 IMPORTANT: If you are submitting an application in response to a Request for Proposal (RFP) when there is Competitive Grant Program Name open RFP in the area you selected, your application will not be reviewed and instead, will be concelled. Pfizer w したことがあれば、Yes を選択してください。 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. v 公募要項に記載されている"Primary Area * Has your institution submitted this project for of Interest"をプルダウンメニューから選択してく consideration to Pfizer previously? ださい。疾患によっては選択後、詳細選択 * Primary Area of Interest Please select the area most closely aligned to your project 項目が増えます。 Please use this field to indicate if the project covers additional aligned educational areas. Secondary Area(s) of Interest (?) Achondroplasia Alopecia Areata Amyotrophic Lateral Sclerosis (ALS) 申請するプロジェクトのタイトルを英語で記載 Antimicrobial Stewardship Antivirals - COVID-19 してください。 * Title of Meeting/Project Title * Abstract Please include a concise but comprehensive summary of your application including: 申請するプロジェクトの概要を英語で記載く 1. Project Background and Rationale 2. Project Aim(s) ださい。 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. 9

(3000 character maximum)

[6] Program Overview

* Estimated Project Start Date (?)	Please note that the start date must be at least 90 days post submission.		
	MM/DD/YYYY プロジェクトの開始日と終了日をカレンダーか		
* Estimated Project End Date(?)	The End Date should take into consideratio ら選択ください。 summary reports.		
	申請するプロジェクトが「疼痛」もしくは		
* Project/activity related to pain or opioids	Please indicate whether or not the project/activity for w 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 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。		
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。		



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

"SAVE AND PROCEED"をクリックしてください

Welcome Contact Organization Educational Budget Payee Compliance Program Introduction Demographics Information Page Overview Details Information Commitment Information Partners Demographics * indicates required field プロジェクト受講者(参加者)の予定数を * Estimated Number of Learners 半角数字で入力ください。 * Targeted Learner Group (?) Dieticians Nurse Practitioners 主なプロジェクト受講者(参加者)の属性 Nurses **Pharmacists** をメニューより選択してください。 Physician Assistants * Specialty (?) N/A Allergy and Immunology 主なプロジェクト受講者(参加者)の専門 Anesthesiology Cardiology 領域をメニューから選択してください。 Critical Care Medicine **SAVE AND PROCEED** すべの入力が完了しましたら

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[8] Budget Details

選択してください



[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。

Describe Other Project Costs

演者(講師)の人数を半角数字 で入力してください。

* Number of Faculty

Project Costs Please enter the total cost of the entire project even if you are only requesting partia Accreditation Fees Audio & Visual (Fees and Support) Communications & Marketing Fees Editorial and Graphic Development Fees Educational Planning/Coordinator/Staff Faculty Honoraria Total Faculty Meals Total Faculty Travel Total Food and Beverage for Participants/Attendees Production Total (invites/brochures handouts, etc.) Project Management Venue Management (site selection, on-site time, etc.) Venue (Fees and Costs) Other Project Costs 0.00 Total (if applicable) (500 character maximum) Budget Narrative (?) Please provide budget notes/clarification.

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
- •诵信運搬費
- 編集関連費
- ・教育プログラム開催準備賞
- •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 (1

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。

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(4000 character maximum)

[9] Payee Information

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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

[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