



# SCAI Standard Co-Providership of CME Program Application

The Society for Cardiovascular Angiography and Interventions Foundation • (800) 992-7224 • Fax (866) 733-2576  
1100 17th Street NW, Suite 330, Washington, DC 20036 • [info@SCAI.org](mailto:info@SCAI.org) • [www.SCAI.org](http://www.SCAI.org)

This agreement is between The Society for Cardiovascular Angiography and Interventions Foundation, hereinafter, **SCAI**, and **ORGANIZATION**, hereinafter, **ORGANIZATION NAME**.

## CONTACT INFORMATION

Organization: \_\_\_\_\_  
Primary Contact: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_

## PROGRAM INFORMATION

Program Title: \_\_\_\_\_  
Program Website: \_\_\_\_\_ Date: \_\_\_\_\_  
Location: \_\_\_\_\_  
Program Director(s): \_\_\_\_\_  
Program Curriculum / Faculty: *Please attach a summary of the program curriculum, with the names and titles of all faculty.*

## ROLES AND RESPONSIBILITIES

### PROMOTION

(Organization’s Name) will take primary responsibility for promoting the program. SCAI will assist in these efforts by:

- Providing one complimentary set of member mailing addresses to (Organization’s Name);
- Providing a link to the (Organization’s Name) website in the coprovidership section of the SCAI website and the calendar of events;
- Providing an SCAI logo for use in all program marketing materials;
- Providing listing of the program in the SCAI newsletter up until the time of the program.

### RECOGNITION

SCAI will be recognized as program co-provider or co-sponsor on all program and promotional materials, including websites. In all instances in which the (Organization’s Name) logo appears on program material, the SCAI logo also will appear.

The program co-providers will assist SCAI with their membership recruitment efforts by making the SCAI membership application and other SCAI brochures available to participants during the program. SCAI will provide these materials. In addition, **SCAI requires that the FSCAI designation be included in all faculty listings, as appropriate.**

### CONTENT CONTROL

(Organization’s Name) will take responsibility for ensuring the scientific quality and integrity of the program.

### REVENUE AND FINANCIAL RISK

(Organization’s Name) assumes all financial risk and retains any excess income after all expenses are paid.

### FUNDRAISING

(Organization’s Name) will take responsibility for all program fundraising.

### PROGRAM MANAGEMENT

(Organization’s Name) will take responsibility for all program development and management tasks.

### COMPLIANCE WITH ACCME

(Organization’s Name) will ensure compliance with all requirements of the Accreditation Council for Continuing Medical Education (ACCME) and the American Medical Association’s Physician Recognition Award (AMA PRA) for awarding category 1 credit. (Organization’s Name) will process credit certificate requests.



**MAIL**  
SCAI, Education Department  
1100 17th Street NW, Suite 330  
Washington, DC 20036



**FAX**  
(866) 733-2576



**EMAIL**  
[CME@scai.org](mailto:CME@scai.org)

**QUESTIONS?**  
Call (800) 992-7224

## ROLES AND RESPONSIBILITIES (Continued)

### PROGRAM SUMMARIES

(Organization's Name) will provide SCAI with one copy of evaluation summary and program attendee list within 30 days of the end of the program.

### DISCOUNTS

If registration fee discounts are available to members of the co-providing organization(s), the discounts will be extended to members of SCAI as well.

### FEE

(Organization's Name) will remit \$3,000 (payable to "SCAI") for co-providership. In the case of not-for-profit, membership-based organization applicants, this fee shall be universally waived.

An additional \$3,000 fee will be charged for expedited review (ie. review before the next scheduled quarterly cycle).

### TERM

The term of this co-providership agreement will be one year from the date it is signed, up to the start of the program.

## AGREEMENT

The undersigned agree to the conditions stipulated above.

Name / Title (Organization's Name): \_\_\_\_\_ Date: \_\_\_\_\_

SCAI Vice President of Quality and Education: \_\_\_\_\_ Date: \_\_\_\_\_

*Please sign and date this application and return it, along with a copy of the program curriculum, to the following (SCAI will return one signed copy to you upon approval):*

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Education Department  
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Washington, DC 20036

Phone: (800) 992-7224

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### QUESTIONS?

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