



# SCAI Platinum Co-Providershship 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 posting and link to the (Organization’s Name) website in the online calendar of events, weekly emails, and the co-providership section of the SCAI website;
- Providing a SCAI logo for use in all program marketing materials;
- Providing a listing of the program in the *SCAI This Week* eBrief calendar up until the time of the program;
- Color banner ad/logo on the SCAI co-providership page;
- One email blast sent to SCAI membership on the behalf of (Organization’s Name);
- Program brochures for the meeting will be distributed at SCAI events as applicable;
- Acknowledgment and event posting on the official SCAI Facebook page.

### RECOGNITION

SCAI will be recognized as a 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 or MSCAI 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.



**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 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.

### PROGRAM SUMMARIES

(Organization's Name) will provide SCAI with one copy of the program evaluation summary and 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 \$7,000 (payable to "SCAI") for platinum level co-providership.

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

### TERM

The term of this platinum 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):*

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

Phone: (800) 992-7224  
Fax: (866) 733-2576  
Email: [CME@scai.org](mailto:CME@scai.org)



**MAIL**  
SCAI, Education Department  
1100 17th Street NW, Suite 330  
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## PROCEDURE FOLLOWING APPROVAL

SCAI will promote approved co-providerships on SCAI.org, in weekly emails, on SCAI's Facebook page, and at SCAI events as applicable. In order for SCAI to promote the co-provided program, **(Organization's Name) should submit the following information and materials within 30 days of SCAI's co-providership approval.**

Please email materials to [CME@scai.org](mailto:CME@scai.org).

**1. Program name, date, location, directors, and link to the program website**

Information will be included on SCAI.org's online calendar of co-provided events and SCAI's Facebook page as an event posting

**2. Color banner ad / logo to be displayed on SCAI.org's online calendar of co-provided events**

Format: JPG or GIF, web-optimized  
Dimensions: 200 pixels (wide) x 125 pixels (tall)

**3. Artwork/mailing approval**

Send a sample of the final mailing piece for final approval to the SCAI Education Department at [CME@scai.org](mailto:CME@scai.org). Please ensure that FSCAI and/or MSCAI credentials for SCAI fellows and master interventionalists are included, and that the SCAI logo is placed under the listing of co-providers in the mailing piece.

**4. Mailing list fulfillment for program mailing**

Once SCAI approves the mailing piece you will be notified along with InFocus Marketing, Inc., our mailing list vendor. Please contact Shar Russell ([SRussell@infocusmarketing.com](mailto:SRussell@infocusmarketing.com); (800) 708-5478 x3258) with InFocus Marketing, Inc. directly to coordinate mailing list fulfillment for program mailing.

**5. One email blast to be sent to SCAI membership on the behalf of (Organization's Name)**

Format: Zipped folder, including email blast HTML file and images  
Distribution: Please prioritize three weeks for distribution based upon preference

**6. 50 program brochures for the meeting will be distributed at SCAI events as applicable**

Mail brochures to: SCAI, Education Department  
1100 17th Street NW, Suite 330  
Washington, DC 20036

