

**STS Criteria and Stipulations for Endorsing Industry**

**Educational Programs**

**CRITERIA**

1. The content of the program must be based upon the best and most updated evidence available in the content area(s) covered.

2. The program should be fair, balanced, and not promotional in nature and content.

3. The content cannot disparage other educational programs.

4. The content must be germane to the work of STS members.

5. The content must ultimately be directed toward the benefit of patients.

6. If CME credit is provided, the program must be approved for *AMA PRA Category 1 Credit*™ by the sponsoring organization.

**STIPULATIONS**

1. The Workforce on Clinical Education will vet activities for which STS endorsement is sought with input from the Chair of the Council on Meetings and Education (at his/her discretion) and make recommendations to the Executive Committee with regard to the request.

2. STS must approve the objectives and final program.

3. The organization seeking endorsement must describe its disclosure process for speakers and planners, including the manner in which conflicts of interest are resolved and the way this resolution will be disclosed to learners.

4. STS members should be included as speakers for the program where possible.

5. If wet labs are to be used for demonstrating new procedures and techniques, STS members should be involved in the teaching.

6. STS will not provide endorsement for any third-party program that includes a live surgery component.

7. The program objectives should include an outcomes component that demonstrates the intended impact of the educational activity on the clinical practice of participants.

8. The program as offered to physicians must be in compliance with [The Society of Thoracic Surgeons Ethical Standards for Cardiothoracic Surgeons Relating to Industry](https://www.sts.org/about-sts/policies/ethical-standards-cardiothoracic-surgeons-relating-industry).

9. The program must be in compliance with ACCME Essentials, Elements, Policies, and Standards if *AMA PRA Category 1 Credit*™ is awarded.

10. The program may not be scheduled to take place on the same dates as those of major meetings conducted by international, national and regional cardiothoracic surgery and related medical specialty societies.

11. An application fee must be paid prior to any review of the proposed educational activity.

**IF APPROVED**

1. Organizations sponsoring activities approved for STS endorsement will have the right to use the STS name and logo (trademark license) for that program only.

2. One set of STS member mailing labels will be provided to the industry partner for a one-time use to market the program.

3. STS will retain approval rights for any marketing material that bears the STS name or logo.

4. STS members will be granted a discount on the program if a registration fee is involved.

*Amended: April 30, 2017 (STS Board of Directors)*

**Application for STS Endorsement of**

**Industry Educational Programs**

Note: A nonrefundable $10,000 application fee is due to STS upon submission of this application. The credit card payment form is included on page 5.

Application fee included:  Yes  No – Check will be mailed separately.

Entity requesting endorsement:

Form of Business (e.g., Corporation, LLC):

Name of person submitting application:

Street Address 1:

Street Address 2:

City:

State:

ZIP Code:

Phone Number:

Fax Number:

Email Address:

Today's Date:

Title of proposed program:

First date for the proposed program:

How often will the program be offered:  One Time  Once a Month  Every Other Month

Other, please explain:

1. Describe the steps you will take to ensure that the content of the program is based upon the best and most updated evidence available in the content area(s) covered.

2. Describe how you will ensure that the program is fair, balanced, and not promotional in nature and content.

3. Describe how the content of this program is germane to the work of STS members.

4. Explain how the content of this program ultimately benefits patients.

5. Provide the final objectives and program for STS approval.

6. Provide a breakdown of STS member speakers and non-STS member speakers (include non-MD/DO speakers).

7. Select One:

STS member surgeons will be involved in wet lab teaching.

STS member surgeons will not be involved in wet lab teaching.

Wet labs are not a part of the proposed program.

8. Does this activity involve the use of live surgery as an educational tool? (Note: STS will not provide endorsement for any third-party program that includes a live surgery component.)

Yes

No

9. Describe how you will disclose potential conflicts of interest (e.g., honorarium, speaker fees, project

PI, grants) to the program participants.

10. Select One:

This program will be in compliance with ACCME Essentials, Elements, Policies, and Standards if *AMA PRA Category 1 Credit*TM is awarded.

*AMA PRA Category 1 Credit*TM will not be awarded for the program.

11. Describe how this program is intended to impact the participant’s clinical practice.

12. State what the registration fee is for this program and the discount that will be provided for STS members.

13. Please list any documents you are submitting in addition to this application that supports your request for endorsement. Note: A complete course outline with speakers is required.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **The Society of Thoracic Surgeons**  **CREDIT CARD PAYMENT FORM**  **STS Endorsement of Industry Educational Programs** | | | | | | | | | | | | |
|  |  | |  |  | |  | |  |  | |  |  |
| **Date** |  | |  | | | |  |  |  | |  |  |
| **Company** |  | |  | | | | | | | | | |
| **Contact Name** |  | |  | | | | | |  | | | |
| **Name on Credit Card** | | |  | | | | | | | | | |
| **Billing Address** |  | |  | | | | | | | | | |
|  |  | |  | | | | | | | | | |
|  |  | |  | | | | | | | | | |
|  |  | |  | | | | | | | | | |
| **Program Title** |  | |  | | | | |  |  |  | |  |
|  |  | |  |  | |  | |  |  |  | |  |
| **Amount** |  | |  | | | | |  |  |  | |  |
|  |  | |  |  | |  | |  |  |  | |  |
| **Credit Card** |  | |  |  | |  | |  |  |  | |  |
| **VISA** |  | |  |  | |  | |  |  |  | |  |
| **MC** |  | |  |  | |  | |  |  |  | |  |
| **AMEX** |  | |  |  | |  | |  |  |  | |  |
|  |  | |  |  | |  | |  |  |  | |  |
| **Account Number** |  | |  | | | | | | | **Expiration Date** | |  |
|  |  | |  | |  |  | |  |  |  | |  |
| **Security Code** |  | |  | |  |  | |  |  |  | |  |
| **What is Security Code?** |  | | **VISA & MC have a 3-digit code on back of credit card. AMEX has a 4-digit code on front of credit card.** | | | | | | | | | |
|  |  | |  |  | |  | |  |  | |  |  |
|  |  | |  |  | |  | |  |  | |  |  |
|  |  | |  |  | |  | |  |  | |  |  |
| **Paid over the phone** |  | |  |  | |  | |  |  | |  |  |
| **Signature of Account Owner** | | | |  | | | | | | |  | |
|  |  |  | |  | |  | |  |  | |  |  |
| **STS ACCT TO CREDIT** | |  | | | | | | |  | |  |  |

Email, fax, or mail the completed application and any supporting documents to:

Wesley Peart  
CME Compliance & Program Coordinator  
The Society of Thoracic Surgeons  
633 N. Saint Clair St., Suite 2100  
Chicago, IL 60611-3658  
education@sts.org

Phone: 312-202-5834

Fax: 312-268-7489

NOTE: Application fee checks should be made out to The Society of Thoracic Surgeons.