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# U.S. Medical Grants Portal Requestor User Guide

## Medical Education Activities

July 2023

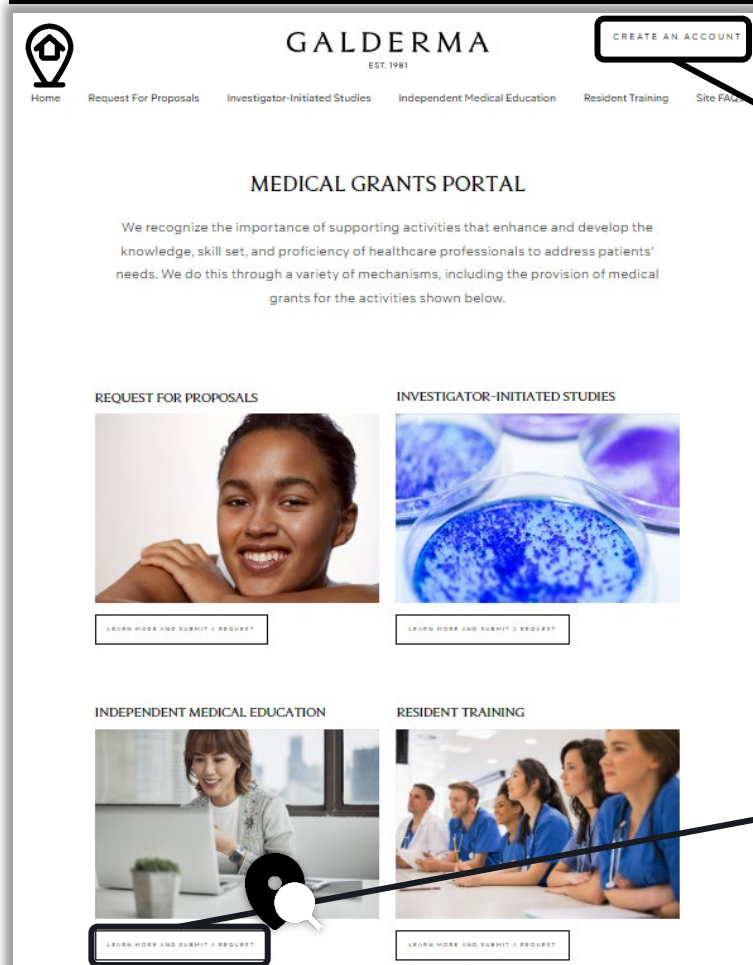# Table of Contents

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# Introduction

Galderma recognizes the importance of supporting Medical Education (ME) Activities for healthcare professionals that may lead to greater understanding of the therapeutic areas that we treat, our products and their potential applications, as well as improved patient care.

Galderma accepts unsolicited requests for support from organizations who are interested in conducting their own accredited or non-accredited, independent, ME Activities. Restricted grants are awarded based on the identified need for the ME Activity, target audience, stated learning objectives and educational merit, proposed outcomes, budget, and alignment with Galderma areas of interest as reviewed through a formal evaluation process.

**The purpose of this guide is to:**

- Introduce users to the Galderma U.S. Medical Grants Portal

- Demonstrate how to submit a ME Grant Request

- Provide end-to-end navigation from submission through approval and close-out of a ME Grant Request

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**CREATE AN ACCOUNT** | **ALREADY HAVE AN ACCOUNT?**

Home | Request For Proposals | Investigator-Initiated Studies | Independent Medical Education | Resident Training | Site FAQs

### MEDICAL GRANTS PORTAL

We recognize the importance of supporting activities that enhance and develop the knowledge, skill set, and proficiency of healthcare professionals to address patients' needs. We do this through a variety of mechanisms, including the provision of medical grants for the activities shown below.

**REQUEST FOR PROPOSALS**

LEARN MORE AND SUBMIT A REQUEST

**INVESTIGATOR-INITIATED STUDIES**

LEARN MORE AND SUBMIT A REQUEST

**INDEPENDENT MEDICAL EDUCATION**

LEARN MORE AND SUBMIT A REQUEST

**RESIDENT TRAINING**

LEARN MORE AND SUBMIT A REQUEST

The US Medical Grants Portal can be accessed at usmedicalgrants.galderma.com

Returning users may login by clicking **Already have an account?**

First-time users will need to **Create Account** in order to login to the system and submit a new request.

Click here to learn more about our process, the requirements, and to submit a new request with an existing account.

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# Creating a New Account

To create a new account, select **Create Account** from the portal homepage. Enter your information below and click **Create Account**.



## CREATE NEW ACCOUNT

Please fill out the necessary information below to create an account for this Portal.

First Name*

Last Name*

Email Address*

e.g. +99 999 999999

Country*

Password

* Required

Re-type Password

If you are associated to an Institution, type in the field below and select from the popup.

Type in your Institution, select from the dropdown

Enter the code shown:

CREATE ACCOUNT

### Institution Name

- Enter the name of your institution into the search bar. If your institution has previously been registered, it will appear in the pop-up drop-down selection.

- If your institution is not found, you will be required to add this as a new institution after account creation.

# Creating a New Account

1. Upon clicking **Create Account**, you will receive the following validation message.

2. You will need to select either your phone number or email address to send the validation code to and click Send Validation Code.

3. Please navigate to your email or phone to locate this notification and type the code here.

4. Once your account has been validated, you may now login with your credentials.

**1** Validate your Account

To help us verify your identity, a validation code will be sent to you.

◉ Phone Number (Code will be sent via SMS. Message & data rates may apply.)

e.g. +99 999 999999

○ Email Address (Code will be sent via email. If you don't see the email in your inbox, please check your spam folder.)

Enter code here

**3** Code Number

Validate Account    Send Validation Code **2**

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# Adding an Institution

Upon logging in, if your institution did not appear in the search during account creation, you will be instructed to update this information under your user profile.

1. Click **Edit Profile**

2. Click **Quick Add Institution (+)**

3. Enter the name of your academic institution, select your state, then click **Save**.

4. Select **Update Profile** to complete the setup.

**!**

*This information is required in order to submit a grant request

CREATE AN ACCOUNT    ALREADY HAVE AN ACCOUNT?

**1**

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Home    Request For Proposals    Investigator-Initiated Studies    Independent Medical Education    Resident Training    Site FAQs

1. If you have forgotten your password click **Already have an account?** from the homepage.

2. This will take you to the login page where you can select the **Forgot Password?** hyperlink to reset the password to your account.

## PORTAL LOGIN

Email Address

Email Address is required.

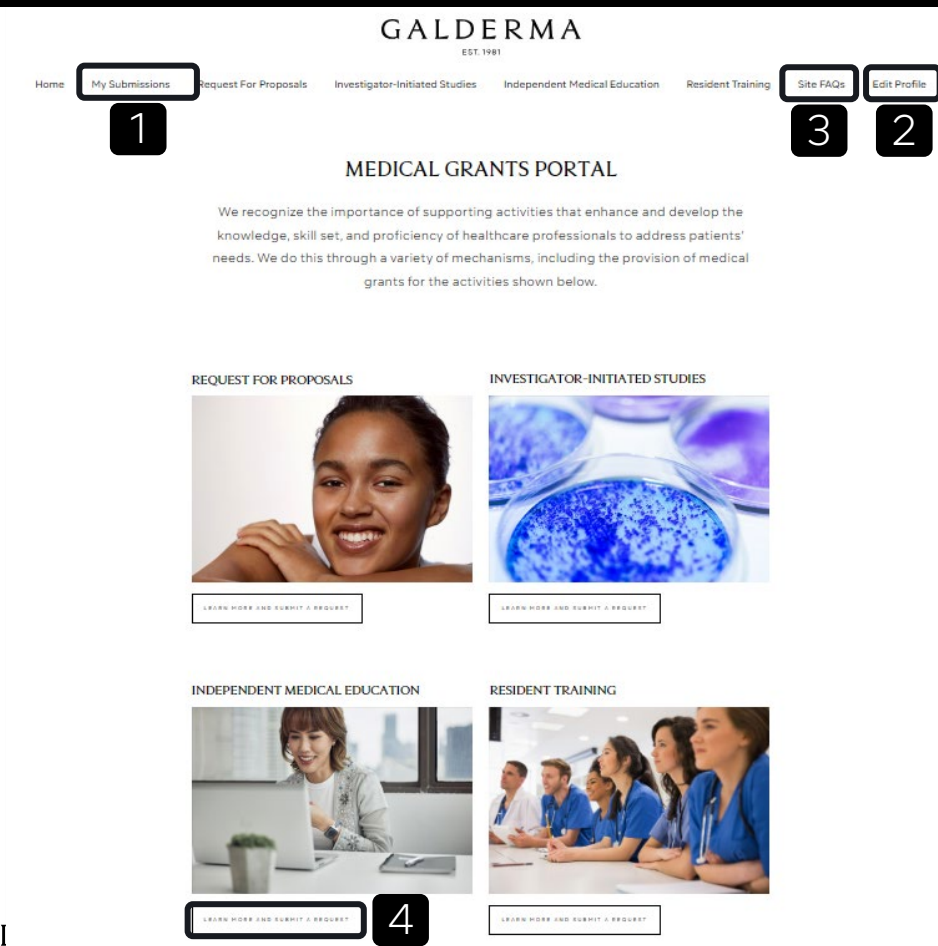Password

Password is required.

**2**    Forgot Password?

LOGIN

Click **Forgot Password** to receive an email
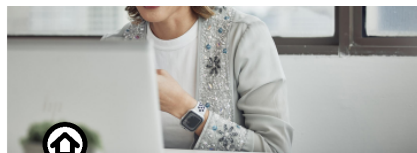with directions to rest your password.

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# Homepage Navigation

Once you are logged in, you will be automatically redirected to the portal homepage where you will have the following options:

1. **My Submissions:** Click here to view all of your current and past submissions.

2. **Edit Profile:** Click here to edit details within your profile and to add your institution.

3. **Site FAQ:** Click here to view <u>Frequently Asked Questions</u> regarding portal applications.

4. **Learn More and Submit a Request:** Click here to redirect to the <u>Medical Education Activities Landing Page</u> where you will find details regarding the types of support, process, requirements and policies & guidelines. You will also click here to submit a new request.

# Medical Education Activities Landing Page



The tabs at the top of the Medical Education Activities Landing Page contain additional information on:

- Areas of Interest

- How to Apply

- Policies & Guidelines

From the *Home* tab is where you will start a new request for support.

Click **Submit a Request** to begin a new submission.

Click **Featured Postings** to see the Request for Proposals (RFP) when available. Requests associated with RFPs should be submitted within these postings.

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# Creating a Submission

**CREATE A SUBMISSION**

Please create a Title for your Submission. Please remember that the Title can NOT be changed once created.

The Title of your Submission

**1**

CREATE NEW

1. When starting a new request, you will be asked to create a title for your submission. Please note that this title cannot be changed once the submission is created. Please enter a title for your Submission and click **Create New.**

2. You will then be redirected to your submission form where you will see the following header information:

**ME GRANT EXAMPLE**

**2**

External Status: **No External Status**
Submitted Date: **NOT SUBMITTED**
Submission ID: **974**
Group: **GRANT**
Last Modified On Portal:

**External Status** will inform you of the status of your request (e.g., submitted, under review, approved, etc.)

**Submission Date** will indicate the date you submitted your request.

**Submission ID** is the ID# generated upon creation of your submission. You may reference this ID# throughout your grant cycle for tracking purposes.

**Group** will distinguish your Medical Education (ME) grant request from a from a research grant request for an Investigator-Initiated Study (IIS). This is helpful for those applicants who have submitted requests for research grants as well as educational grants.

**Last Modified On Portal** will show a date if you've been asked to resubmit for any reason

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# Submission Form



1. Enter the Contact Information for the request.

   *The Contact should be the person submitting the request under their user profile.*

2. Click **Save** to save your submission form at any time.

# Submission Form

## Organization Details

**1**

*Organization Name

[                    ]

*Organization Address

[                    ]

*Organization City

[                    ]

*Organization State

[ Alabama            ▾]

*Organization Zip Code

[                    ]

Organization Website

[                    ]

*Requesting Organization's Taxpayer Identification Number (TIN)
*A TIN is a nine-digit number that the IRS assigns to organizations who are required to file business tax returns. This is not the same as a Social Security Number (SSN). Please do NOT provide any SSNs.*

[                    ]

*Is your organization a 501(c) 3?
○ Yes  ○ No

**2**

*Has your organization received any type of support from Galderma previously?
○ Yes  ○ No

**4**

*Has your organization received support from Galderma for this specific Meeting/Activity?
○ Yes  ○ No

*Please list all support awarded, at least within the past two years.

**3**

[                    ]

*Please Specify

**5**

[                    ]

1. Enter the Organization Details.

The Organization should be the same Organization that you have listed under your user profile.

2. Indicate if your Organization has received any type of support from Galderma previously.

3. If 'Yes,' list all support awarded, at least within the past two years.

4. Indicate if your Organization has received support from Galderma for this specific Meeting/Activity.

5. If 'Yes,' list all support awarded, for this specific Meeting/Activity.

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# Submission Form



Activity Type

**\*Grant Type**
*Please select all that apply*
**1** ☐ Monetary
☐ Product

**\*Activity Format**
*Please select all that apply*
☐ Digital Activity
☐ Publication
**2** ☐ Live Meeting
☐ Enduring Materials
☐ Other

**\*Please Specify**
**3**

**\*Activity Subtype**
*Please select all that apply*
☐ Grand Rounds
☐ Hands-On Workshop
☐ Journal Article
☐ Local Meeting
☐ National Meeting
☐ Performance Improvement Initiative
**4** ☐ Podcast
☐ Regional Meeting
☐ Simulation Workshop
☐ Symposia
☐ Webinar
☐ Other

**\*Please Specify**
**5**

1. Select the Grant Type(s).

2. Select the Activity Format(s).

3. Specify any 'Other' Activity Format(s)

4. Select the Activity Subtype(s).

5. Specify any 'Other' Activity Subtype(s)

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# Submission Form

## Activity Details

**\*Meeting/Activity Name**

`1`

**Meeting/Activity Start Date** 📅

`2`

**Meeting/Activity End Date** 📅

**\*Description of Educational Activity**

`3`

**\*What is the purpose of this Meeting/Activity?**

`4`

**Meeting/Activity Website**

`5`

**\*Anticipated Launch/Go-Live of Digital Activity** 📅

`6`

**\*Duration of Digital Activity**

`7`

**\*Anticipated Publication Date** 📅

`8`

**\*Target Publication**

`9`

**\*Live Meeting/Activity City**

`10`

**\*Live Meeting/Activity State**

**\*Please Specify Enduring Materials**

`11`

1. Enter the Meeting/Activity Name.

2. Enter the Meeting/Activity Start and End Date.

3. Enter a Description of Educational Activity.

4. Enter the purpose of the Meeting/Activity.

5. Enter the Meeting/Activity Website.

6. Enter the Anticipated Launch/Go-Live of Digital Activity.

7. Enter the Duration of Digital Activity.

8. Enter the Anticipated Publication Date.

9. Enter the Target Publication (i.e., Journal).

10. Enter the Live Meeting/Activity City and State.

11. Specify the Enduring Materials.

# Submission Form

**\*Target Profession**
*Select all that apply if interprofessional*

☐ Doctor
☐ Physician Assistant
☐ Nurse
☐ Nurse Practitioner
☐ Pharmacist
☐ Pharmacy Technician
☐ Medical Assistant
☐ Office Staff
☐ Other

**\*Target Specialty**
*Please select all that apply*

☐ Dermatologist
☐ Facial Plastic & Reconstructive Surgeon
☐ Facial Plastic Surgeon
☐ Internal Medicine
☐ OBGYN
☐ Oculoplastic Surgeon
☐ Ophthalmologist
☐ Oral & Maxillofacial Surgeon
☐ Otolaryngologist
☐ Pediatrician
☐ Plastic Surgeon
☐ Primary Care Physician
☐ Other

**\*Anticipated Number of Learners**
*For enduring materials, a Learner is defined as a person who starts the core content (i.e., has progressed beyond the CE/*

**\*What is your audience generation plan?**

**\*What is your grantor attendee policy?**

**\*How often will you provide progress reports and interim program updates?**

1. Select the Target Profession(s).

2. Select the Target Specialty(ies).

3. Enter the Anticipated Number of Learners.

4. Enter the audience generation plan.

5. Enter the grantor attendee policy.

6. Describe plans for providing progress reports and interim program updates to Galderma.

# Submission Form

**Education Details**

**1** *Is this an accredited program?*
◉ Yes ○ No

**2** *Name of Accredited Provider*
[                    ]

*Type(s) of continuing education credit being offered*
*Please select all that apply*
☐ CME, ACCME/AMA PRA Category 1
☐ CME, AAFP
☐ CME, AOA
☐ ANCC
☐ ACPE
☐ AAPA
☐ AANP
☐ Other

*Number of CME Hours Offered*
[                    ]

*Is there a joint provider?*
◉ Yes ○ No

*Name of Joint Provider*
[                    ]

*Anticipated Number of Completers*
*For enduring materials, a Completer is defined as a person who finishes the core content. Whether a Learner chooses to pa*
[                    ]

*Do you guarantee a minimum number of learners or completers?*
○ Yes ○ No

**3**
*Name of Activity Provider*
[                    ]

*Is there a joint provider?*
◉ Yes ○ No

*Name of Joint Provider*
[                    ]

**4** *Please provide the educational learning objectives for this Meeting/Act...*
Please refer to Bloom's Taxonomy of Educational Objectives (conduct online search for examples). Use measurable verbs so that the intended outcomes are concise and explicit. Avoid verbs that are not measurable (e.g., Understand, Learn, Know, Believe, Feel, Realize, etc.).

1. Indicate if the activity is accredited (i.e., "certified" CME).

2. If '**Yes**,' for accredited activities:

   a) Enter the Name of Accredited Provider.

   b) Enter the Type of continuing education credit.

   c) Enter the Number of CME Hours Offered.

   d) Indicate if there is a Joint Provider.

   e) Enter the Name of Joint Provider.

   f) Enter the Anticipated Number of Completers

   g) Indicate if you guarantee a minimum number of participants, learners, or test takers. If 'Yes,' please specify.

3. If '**No**,' for non-accredited activities:

   a) Enter the Name of Activity Provider.

   b) Indicate if there is a Joint Provider.

   c) Enter the Name of Joint Provider.

4. Enter the educational learning objectives for this Meeting/Activity.

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# Submission Form

**\*What is the highest level of educational outcomes that will be assessed?**
*Please select all that apply*

*In accordance with the Accreditation Council for Continuing Medical Education (ACCME) Accreditation Criteria, all accredited providers are required to analyze changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.*

☐ 1: Participation
☐ 2: Satisfaction
☐ 3a: Declarative Knowledge (Knows)
☐ 3b: Procedural Knowledge (Knows How)
☐ 3c: Attitudinal Change
☐ 4: Competence (Shows How)
☐ 5: Performance (Does)
☐ 6: Patient Health
☐ 7: Community Health

*Based upon: Moore DE Jr, Green JS, Gallis HA. Achieving desired results and improved outcomes: integrating planning and assessment throughout learning activities. J Contin Educ Health Prof. 2009;29 (1):1–15.*

**\*What types of program evaluations and assessments/surveys will be given before, during, and after the activity?**

| Assessment | Description |
|---|---|
| | |

Page 1    of 0    10    No records to view

**!**

*\*A minimum of 2 assessments are required.*

**Add New**    ✕

Assessment    [dropdown] (\*)

Pre activity
During
Post activity
Follow-up post activity

Description    (\*)

(\*) required

💾 Submit    ✕ Cancel

To edit or delete any of the information, select a row to highlight the Assessment then click on the pencil icon ✏ to edit, or the trashcan icon 🗑 to delete.

| Assessment | Description |
|---|---|
| Post activity | Post-test |
| Pre activity | Pre-test |

Page 1    of 1    10    View 1 - 2 of 2

Edit selected row

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1. Select the level(s) of educational outcomes that will be assessed. Select all outcomes that will be assessed before, during, and after the activity.

2. Enter the program evaluations and assessments/surveys that will be given before, during, and after the activity.

- Click the **+** to **Add New**
- Select the **Assessment** (type) from the drop-down list provided.
- Enter a **Description** of the Assessment (e.g., Pre-test, or 90-day post-activity follow-up evaluation, etc.)
- Click **Submit.**

# Submission Form

**Support Requested**

**1** *Amount Requested

**2** *How will Galderma's funding be applied to this Meeting/Activity?
*Galderma does not provide "unrestricted educational grants"; therefore, the purpose of funding must be designated.*

> For example, the purpose of funding may be to support relevant educational sessions within the meeting such as a hands-on workshop or a lecture on acne, or the purpose funding may be to support specific itemizations related to the educational costs of the Meeting/Activity such as CME accreditation fees, content development, or outcomes assessment/measurement

**3** *Name of Payment Entity
*Payments will only be remitted to eligible organizations as the Activity Provider. Support or payments made directly to individual physicians or groups of physicians are prohibited.*

**4** *Is this a single-supported Meeting/Activity or a multi-supported Meeting/Activity?
○ Single-Supported  ● Multi-Supported

**5** *Name of Other Commercial Supporters

**6** *What is the anticipated income from all educational grants?
*This should also be listed on your itemized budget document.*

**7** *What is the anticipated income from all exhibits/sponsorships?
*This should also be listed on your itemized budget document.*

**8** *Are there registration fees for this Meeting/Activity?
● Yes  ○ No

**9** *What is the anticipated income from registration fees?
*This should also be listed on your itemized budget document.*

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## Support Requested: Monetary

1. Enter the Amount Requested.

2. Indicate how Galderma's funding be applied to this Meeting/Activity.

3. Enter the Payment Entity.

4. Indicate if this is a single-supported or a multi-supported Meeting/Activity.

5. If multi-supported, enter the Names of Other Commercial Supporters.

6. Enter the anticipated income from all educational grants.

7. Enter the anticipated income from all exhibits/sponsorships.

8. Indicate if there are registration fees for this Meeting/Activity.

9. Enter the anticipated income from registration fees.

# Submission Form

**\*Product Request**
*For human use, we allow one (1) unit of each product per patient, except for Sculptra® Aesthetic, which we allow two (2) units of product per patient.*

**1**

| Product Name | Quantity |
|---|---|
|  |  |

＋  ✎  🗑          ⏮ ◀ Page 1  of 0 ▶▶ ▶⏭ 10 ⌄          No records to view

**\*Training Format**
*Please select all that apply*

**2**
☑ Faculty Use for Live Patient Injection Demonstrations
☑ Faculty Use for Other Injection Demonstrations (cadaver, medical simulation model, etc.)
☑ Attendee Use for Live Patient Hands-on Injection Training
☑ Attendee Use for Other Hands-on Injection Training (cadaver, medical simulation model, etc.)
☑ Other

**\*Please Specify**

**3**
[                    ]

**Add New**                                            ✕

Product Name        [                    ⌄] (*)

Quantity

(*) required

| Dysport® 300 unit vials |
| Restylane-L® 1 mL syringe |
| Restylane® Contour 1 mL syringe |
| Restylane® Defyne 1 mL syringe |
| Restylane® Eyelight .5 mL syringe |
| Restylane® Kysse 1 mL syringe |
| Restylane® Lyft 1 mL syringe |
| Restylane® Refyne 1 mL syringe |
| Restylane® Silk 1 mL syringe |
| Sculptra® 367.5 mg vials |

✗ Cancel

**4**
**\*Number of Patients Receiving Product**
[                    ]

**5**
**\*Do you charge a fee to the recipient of the product?**
○ Yes  ○ No

**6**
**\*Number of Cadavers or Other Models Receiving Product**
[                    ]

**7**
**\*Please provide a description of how the products will be used.**
Example: Product will be used for live patient demonstration(s) during the
general session(s) of the Meeting/Activity. 3 faculty will be injecting 3
patients on stage during a 1 hour session on facial fillers.  Product will also
be used during a hands-on cadaver dissection and injection workshop where faculty
injectors will provide small group instruction on anatomy and product placement

---

## Support Requested: Product

1. Enter the Product(s) and Quantity Requested.

- Click the **+** to **Add New**

- Select the **Product Name** from the drop-down list provided.

- Enter the **Quantity**

- Click **Submit**.

2. Select the Training Format(s).

3. If 'Other' is selected, please specify.

4. Enter Number of Patients Receiving Product.

5. Indicate if you charge a fee to the recipient of the product.

6. Enter the Number of Cadavers or Other Models Receiving Product.

7. Enter a description of how the products will be used.

# Submission Form

Please note that you are required to upload the following documents before submitting this form:

- Letter of Request
- Agenda
- Budget
- Learning Objectives

For Accredited Activities, the following additional documents are also required:

- Needs Assessment
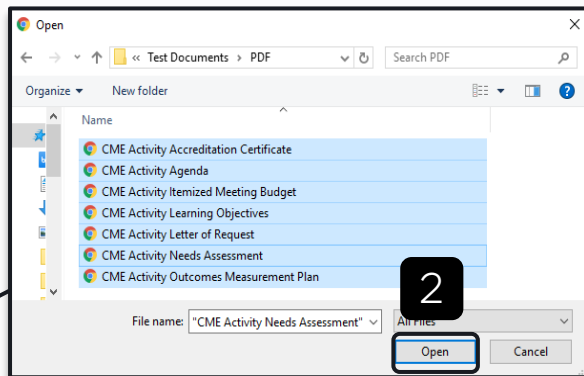- Outcomes Measurement Plan
- Accreditation Certificate

Please upload these documents under the "Files" tab

Save    Submit

**1**

1. Click **Save** to save your submission form. You are unable to submit your request until the required documents listed are uploaded under the *Files* tab.

2. You should receive the following confirmation banner on the top of your screen when your submission saves successfully.

3. Click **Back To Top** to navigate to the beginning of your submission form where you can easily access the *Files* tab and upload these required documents.

**3**

Back To Top

**2** ✓ **Saved**
This request has been saved but not submitted. Please come back to complete at a later time.

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# Files

Click on the *Files* tab to upload the required documents to your submission.

To upload multiple documents at one time, hold down the ctrl key and click on each of the file names on your computer.



1. Click **Select file(s) to upload...**

2. Locate the file(s) on your computer, click on the file(s) to select, and click **Open** to upload the file(s) to your submission.

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# Files

# Files

**Files** Emails

## FILES

Please upload the following required documents for your ME Activity

- Letter of Request
- Agenda
- Itemized Meeting Budget
- Learning Objectives
- W-9

Required document = Required '**File Type**'

For Accredited Activities, the following additional documents are also required:

- Needs Assessment
- Outcomes Measurement Plan
- Accreditation Certificate

⊥ Post-Activity Reconciliation Guidance Document

There are no required documents for Residency Program requests.

**3** Please select the appropriate File Type when uploading an attachment. If the correct file types are not uploaded, you will not be able to submit your request.

Once all documents are uploaded, please submit your request by selecting the Submit button under the Submission Form tab.

Select file(s) to upload...

**!**

If your document **does not** have the correct File Type assigned, or if the File Type is incorrect, you will need to **re-upload** the document and make a new File Type selection.

**1**
Outcomes Plan.docx
11/12/2021 12:20:56 PM | Outcomes Measurement Plan | | 13.53 KB **2**

Needs Assessment.docx
11/12/2021 12:20:56 PM | Needs Assessment | | 19.35 KB

Budget.pdf
11/12/2021 12:20:56 PM | Itemized Meeting Budget | | 130.79 KB

Agenda.docx
11/12/2021 12:20:53 PM | Agenda | | 13.41 KB

1. Your documents will now appear in this section at the bottom of the *Files* tab.

2. The **File Type** assignment will be indicated below the document name. If your document does not have a File Type assigned, or if the File Type is incorrect, the system will not accept your submission.

3. Please double-check all of your documents and corresponding File Types at this time.

4. Click on the *Submission Form* tab to navigate back to the submission form to submit your request to Galderma for review.

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# Submitting a Request



**Submission Form** | Files | Emails

Please fill out the form below and select the Save button to save your progress. When you have completed this form in its entirety and uploaded all required documents in the Files tab, you may then select the Submit button.

Save | Submit **1**

## GRANT REQUEST

1. Once you have uploaded all the required documents and completed the Grant Request form, click **Submit** to submit your request to Galderma for review.

Please note that no further changes can be made after this time.

## CME Activity

External Status: **Submitted**

Submitted Date: **9/9/2020**

Submission ID: **1035**

Group: **GRANT**

**2** ✓ SUBMITTED

2. You will see the following confirmation banner on your screen once your request has been submitted.

The External Status is now changed to **Submitted**.

# Emails: Confirmation of Receipt

| Submission Form | Files | **Emails** | Post-Activity Reconciliation / Change of Scope | Action Items |
|---|---|---|---|---|

## EMAILS

You will receive the following automated confirmation of receipt email upon submission of your ME Grant Request.

| From | Subject | Created ▼ |
|---|---|---|
| No-ReplyGalderma@idea-Point.com | Galderma ME Grant Request Received: Submission 1035 | 9/9/2020 3:16:00 PM |

Thank you for your Medical Education (ME) Grant Request "CME Activity ." This is to notify you that your submission has been received.

Our Medical Affairs and Grants Committee meets on a regular basis to evaluate requests based on their merits and in accordance with applicable laws and regulations and industry codes. It typically takes at least six (6) weeks to process and review each request. Please keep in mind that this may take longer if additional information is needed, for larger educational programs, or around national holidays.

We will notify you as soon as we are able with a determination regarding support.
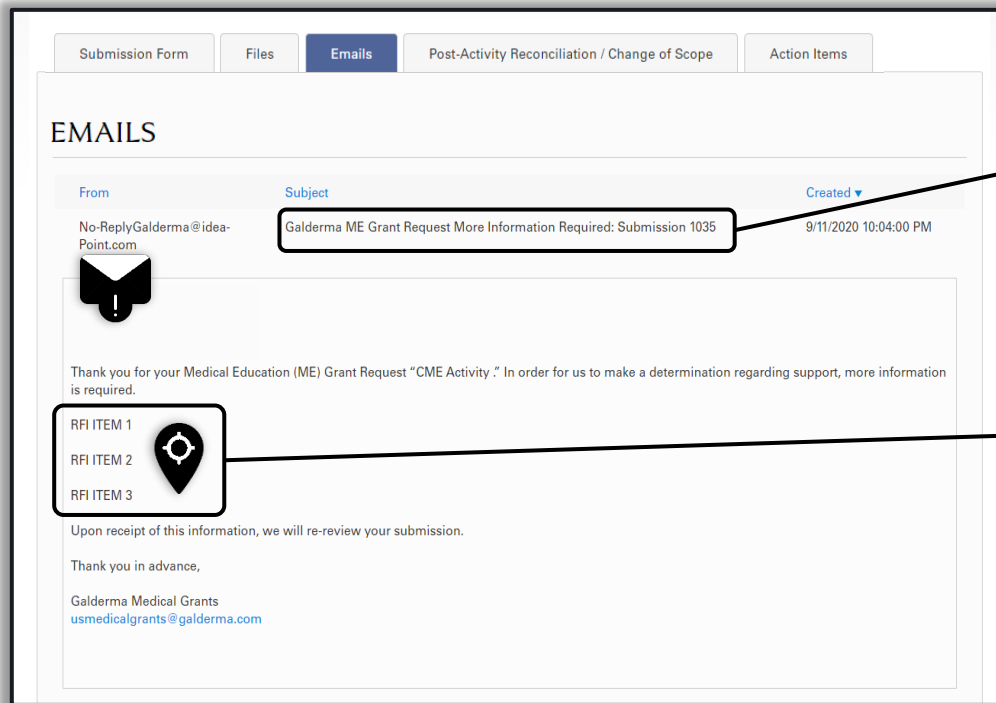
Sincerely,

Galderma Medical Grants
usmedicalgrants@galderma.com

You can find all of your portal notifications under the *Emails* tab should you need to reference them at any time.

# Emails: Request for More Information

A **Request for More Information** will be sent to you by email should additional information be needed in order for Galderma to make a determination regarding support. If the additional information provided is insufficient or not received in a timely manner, the Request may be denied.



The email notification issuing a Request for More Information looks like this.

You will be required to provide any additional information by updating your Submission Form and/or uploading all supplemental documentation, as requested.

# Emails: Approval



**Submission Form** | **Files** [3] | **Emails** [1] | Post-Activity Reconciliation / Change of Scope | Action Items

**EMAILS**

If your request is **Approved**, an approval notification will be sent to your email address on file. ✓

| From | Subject | |
| --- | --- | --- |
| No-ReplyGalderma@idea-Point.com | Galderma ME Grant Request Decision: Submission 1035 | 9/15/2020 3:06:00 PM |

Our Medical Affairs and Grants Committee has reviewed your Medical Educational (ME) Grant Request (Request) "**CME Activity**."

[2] We are pleased to inform you that your Request has been approved in the amount of **$10,000** plus in-kind product. The next steps of the approval process are included below:

- Please navigate to the **Files** section of your submission, where you will find a draft version of the Letter of Agreement (LOA) for your review and completion. Please track any changes in a redlined version and return it to us for review by email (usmedicalgrants@galderma.com). Once all parties have agreed to the terms and conditions, you will receive a final PDF copy for execution.
- Please navigate to the **Action Items** section of your submission where you will find a listing of **Approved Product** shipments. Please provide all required information for each shipment no later than 14 days prior to the activity start date.
- As your organization is not set-up as a supplier with our company, a representative from our Finance department will be contacting you to complete this process.

Please note that final approval is contingent upon completing the next steps referenced above, including fully executing a LOA and complying with the terms and conditions of that LOA.

If you have any questions about your approval, or the requirements to move forward in this process, please send all inquiries to usmedicalgrants@galderma.com.

Thank you,

Galderma Medical Grants

GALDERMA

1. If the request is approved, you will receive an approval notification to your email address on file containing instructions regarding the next steps of the process including obtaining a fully executed Letter of Agreement (LOA).

2. The next steps of the approval process are:

   - Complete and execute LOA
   - Enter product shipping information in *Approved Product* section under *Action Items*
   - Complete and submit financial paperwork, if first-time grant recipient

3. Click on the *Files* tab to download the draft LOA for your review and completion.

## MY SUBMISSIONS

Here is a collection of all your Submissions.

Upon approval of your Request, the status of your submission will be changed to **Approved**.

**Submitted** | In Process / Editable

| Title | Current Status | Date Submitted ↓ | GroupID | ID |
|---|---|---|---|---|
| **CME Activity** | Approved | 9/09/2020 | GRANT | 1626 |

< 1 >

Click on the title of your submission to begin the next steps of the approval process.

GALDERMA

# Letter of Agreement

**FILES**

Please upload the following required documents for your ME A...

- Letter of Request
- Agenda
- Itemized Meeting Budget
- Learning Objectives
- W-9

For Accredited Activities, the following additional documents a...

- Needs Assessment
- Outcomes Measurement Plan
- Accreditation Certificate

↓ Post-Activity Reconciliation Guidance Document

There are no required documents for Residency Program requests.

Please select the appropriate File Type when uploading an attachment. If the correct file types a...

Once all documents are uploaded, please submit your request by selecting the Submit button un...

**Select file(s) to upload...**

Submission Form | **Files** | Emails

**1**

1233 - LOA - CME Activity.docx
11/15/2021 9:15:26 AM | Letter of Agreement (LOA) | Galderma Document | 53.23 KB

**2**

1. Click on the *Files* tab to access your draft Letter of Agreement (LOA).
2. Click on the file link to download the LOA.
3. Review the document in its entirety.
   - Track any changes in a Microsoft Word redlined version.
   - Complete any missing information.
   - Provide the Injector Information, if applicable.

Email the updated LOA back to Galderma for review and full execution at usmedicalgrants@galderma.com.

**4**

**3**

**Medical Education Grant Agreement**

**Regarding Terms, Conditions, and Purposes of an Educational Grant**

Galderma Laboratories, L.P. ("Commercial Interest") and [**Name and address of Activity Provider**] ("Activity Provider") and [**Name and address of Joint Provider**] ("Joint Provider") collectively as the ("Providers") enter into this Medical Education Grant Agreement (the "Agreement") which is effective as of the date of last signature (the "Effective Date").

**WHEREAS**, Commercial Interest appreciates having the opportunity to support your educational program entitled "[**Name of Activity**]" ("Educational Activity");

GALDERMA

# Letter of Agreement

**Letter of Agreement Execution**

Once the LOA has been fully executed, a copy will be uploaded to the *Files* section of the portal submission. You will receive an email notification to your address on file when the fully executed LOA is available.

Once a LOA is executed, Galderma will provide support for the ME Activity and the ME Activity may start.

> **Payment**: Payment in the form of an electronic funds transfer (EFT) will be initiated by Galderma automatically upon LOA execution. If your organization has not received support from Galderma previously, a representative from our Finance department will be contacting you to complete the required paperwork for this process.

> **Product**: Product will be shipped directly to a licensed HCP authorized to receive product on behalf the Activity Provider. Shipping and delivery dates will be mutually agreed upon between Galderma and the Activity Provider.

Please navigate to the *Action Items* tab of your submission where you will find a listing of **Approved Product** shipments. Please provide all required information for each shipment no later than fourteen (14) days prior to the activity start date.

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# Action Items

| Submission Form | Files | Emails | Post-Activity Reconciliation / Change of Scope | **Action Items** |
|---|---|---|---|---|

## ACTION ITEMS

Please complete the sections below with the required information for all approved Medical Education Activities.

- **Document Upload Checklist**

  This section lists all of the required documents as needed from activity approval to post-activity reconciliation. Please upload these documents under the 'Files' Section.

- **Approved Product**

  This section lists the approved product shipments for your Activity. Please provide all required information for each shipment.

- **Product Tracking**

  This section lists the product tracking details for each shipment.

Activity Provider responsibilities are located under the *Action Items* tab. Each of the following sections contain required tasks for the Activity Provider to complete.

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# Action Items: Approved Product

**Edit Current** ✕

| | |
|---|---|
| Activity Start Date | |
| ATTN: | |
| Shipping Address | |
| City | |
| State | ▼ |
| Zip Code | |
| Phone | |
| Shipping Contact Email | |
| Comments | |

(*) required

💾 Save   ✖ Cancel

| Submission Form | Files | Emails | Post-Activity Reconciliation / Change of Scope | Action Items |

## ACTION ITEMS

Please complete the sections below with the required information for all approved Medical Education Activities.

**Approved Product**

This section lists the approved product shipments for your Activity. Please provide all required information for each ship...

| Restylane Eyelight | Dysport® | Restylane Kysse | Restylane Defyne | Restylane Refyne | Restylane Lyft | Restylane Silk | Restylane L® | Sculptra | Restylane Contour | Activity Start Date | ATTN: | Shipping Address | City | State | Zip Code | Phone | Shipping Contact Email | Comments | Anticipat Delivery Date | Editable Until |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 6 | 42 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | | | | | | | | | | | 12/31/2026 |

◁ ◁◁ ▷▷ ▷|   View 1 - 1 of 1

The **Approved Product** section is where you will enter your product shipping information.

Select the row to highlight and click the **pencil icon**✎ to edit the product shipping information in the pop-up provided. Click **Save** to save your information and update your product shipping details for Galderma.

Galderma will automatically receive your product shipping information and schedule your shipment as appropriate.

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# Action Items: Document Upload Checklist

| Submission Form | Files | Emails | Post-Activity Reconciliation / Change of Scope | Action Items |

## ACTION ITEMS

Please complete the sections below with the required information for all approved Medical Education Activities.

- **Document Upload Checklist**

  This section lists all of the required documents as needed from activity approval to post-activity reconciliation. Please upload these documents under the 'Files' Section.

| Document | Due Date | Completed | Comments | Date Submitted |
|---|---|---|---|---|
| Contract Execution | | No | | |
| Progress Report | 10/30/2020 | No | | |
| Outcomes Measurement Report | 11/30/2020 | No | | |
| Budget Reconciliation | 11/30/2020 | No | | |
| Post-Activity Agenda | 11/30/2020 | No | | |

The **Document Upload Checklist** tracks all the required documents as needed throughout the duration of your ME Activity.

Documents should be uploaded by the Activity Provider under the *Files* tab.

The Document Upload Checklist is managed by Galderma – you are unable to edit this information from your portal submission. Once Galderma has received the required document, the Completed and Date Submitted columns will be updated appropriately.

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| Submission Form | Files | Emails | Post-Activity Reconciliation / Change of Scope | **Action Items** |

## ACTION ITEMS

Please complete the sections below with the required information for all approved Medical Education Activities.

- **Product Tracking**

  This section lists the product tracking details for each shipment.

**!** There are no tasks to complete in **Product Tracking**. This section is for informational purposes only.

| Tracking Number | Date of Product Shipping |
|---|---|
| Z12345 | 9/14/2020 |

|◄ ◄◄ ►► ►|                                                    View 1 - 1 of 1

The **Product Tracking** section lists the tracking information for all product shipments.

Product Tracking will not be available until the morning of the **Anticipated Delivery Date.**

Galderma will update the **Anticipated Delivery Date** in the **Approved Product** section once the product shipment has been scheduled.

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# Change of Scope

Following grant approval, if you are unable to deliver the activity as initially proposed, or make significant changes to the activity, you must immediately submit a **Change of Scope** to Galderma prior to implementation of the changes and program initiation.

**Change of Scopes** will be reviewed per the same criteria as the initial grant request. Final decisions regarding **Change of Scopes** will be communicated to the requestor by email. If the **Change of Scope** is not approved, the LOA may be terminated according to the Terms and Conditions described therein and support must be returned immediately.

Changes to grant request elements requiring re-review include, but are not limited to, the following:
1. Activity type/format (i.e., live meeting changing to virtual) or scope of activity (i.e., addition or deletion of components)
2. Date, time, and venue/location of live activities
3. Major change in program/agenda
4. Launch date and/or expiration date of enduring activities
5. Major change in educational goals/learning objectives
6. Continuing education certification, including changes to accessibility or interprofessional offerings
7. Outcomes assessment and measurement planning and reporting
8. Commercial support (i.e., multi-supported to single-supported)

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# Change of Scope



If at any point post-submission should you need to update your submission with a Change of Scope, a form is already accessible to you under the *Post-Activity Reconciliation / Change of Scope* tab.

Click on **View/Complete** next to *Change of Scope* to submit your Change of Scope to Galderma for review.

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# Change of Scope

Save **Submit** Cancel

**7**

**CHANGE OF SCOPE**

**5**

**Change of Scope Request**

**\* Please provide the details regarding your Change of Scope request.**

**1**

**\* Select the submission elements that are impacted by this Change of Scope.** (Select all that apply).

**2**
- ☐ Activity Type/Format
- ☐ Activity Components
- ☐ Date/Time/Location
- ☐ Program/Agenda
- ☐ Enduring Materials
- ☐ Educational Goals/Learning Objectives
- ☐ CME Accreditation, Audience Generation, Participation
- ☐ Outcomes Assessment and Reporting
- ☐ Commercial Support (i.e., multi-supported to single-supported)
- ☐ Amount and/or type of support requested (monetary and/or product support)

**\* Please provide a summary of the *Activity Type/Format* changes.**

**3**

**\* Please provide a summary of the *Program/Agenda* changes.**

**\* Select the submission documents that have changed.** (Select all that apply).

**4**
- ☐ Agenda
- ☐ Program/Brochure
- ☐ Needs Assessment
- ☐ Itemized Meeting Budget
- ☐ Learning Objectives
- ☐ Outcomes Measurement Plan
- ☐ CME Accreditation Certificate
- ☐ Letter of Request (for changes to support type and/or amount)

Upon submission of this form, please upload your Change of Scope document to the Files section of your submission. Other request documents (e.g., Agenda, Budget, Learning Objectives, Outcomes Measurement Plan, etc.) impacted by the Change of Scope must also be uploaded. The Change of Scope will not be reviewed until all documents are provided.

**6** **Submitted**
Thank you. Your form has been submitted successfully.

1. Enter the details regarding your Change of Scope.

2. Select the submission elements that are impacted by the Change of Scope.

3. Enter a summary of changes.

4. Select the submission documents that have changed.

5. Click **Submit** to submit your Change of Scope to Galderma for review.

6. You will receive the following confirmation when your form has been submitted successfully.

7. Click on the *Files* tab to upload your Change of Scope document(s).

The Change of Scope will not be reviewed until all supplemental documentation is provided.

# Change of Scope



1. Click **Select file(s) to upload...**

2. Locate the file(s) on your computer, click on the file(s) to select, and click **Open** to upload the file(s) to your submission.

3. Click on the **v** to select the **Change of Scope File Type** from the drop-down list provided.

4. Click **Save Files.**

5. The document should now appear in the Files listing with the **Change of Scope** File Type indicated below.

# Post-Activity Reconciliation

**Post-Activity Reconciliations**

Upon completion of the ME Activity, the Activity Provider must submit the following reconciliations:

- Post-Activity Reconciliation Form;
- Final Agenda;
- Outcomes Measurement Report;
- Budget Reconciliation; and

Future grant requests will only be considered once these reconciliations are complete.

The **Post-Activity Reconciliation Form** will be assigned upon approval of a ME Grant. The Activity Provider is required to complete this form within their Portal Submission as part of the reconciliations for the Activity. The Post-Activity Reconciliation Form will include additional information regarding the following areas:

- Product Reconciliation, if applicable;
- Activity Details; and
- Budget Reconciliation, if applicable.

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# Post-Activity Reconciliation

## CME Activity

**1**

External Status: **Reconciliation Needed**

Submitted Date: **9/9/2020**

Submission ID: **1035**

Group: **GRANT**

**2**

| Submission Form | Files | Emails | Post-Activity Reconciliation / Change of Scope | Action Items |
| --- | --- | --- | --- | --- |

## Emails

You will receive the following email notification once the status is changed to Reconciliation Needed.

| From | Subject | Created ▼ |
| --- | --- | --- |
| No-ReplyGalderma@idea-Point.com | Galderma ME Grant Request Reconciliation Due: Submission 1035 | 9/14/2020 2:08:00 PM |

You are required to complete the within ninety (90) days of ME Activity completion. This is located under the *Post-Activity Reconciliation* section of your portal submission here: *View* .

Additionally, please upload the following required reconciliation document(s) to the *Files* section of your submission, as applicable. Future grant requests will only be considered once these reconciliations are complete.
1. Itemized Budget Reconciliation (due within 90 days of ME Activity completion);
2. Outcomes Measurement Report (due within 90 days of ME Activity completion);
3. Final Program/Agenda

Sincerely,

Galderma Medical Grants
usmedicalgrants@galderma.com

1. Upon conclusion of your Activity, the status of your Submission will be changed to **Reconciliation Needed**.

You will now have access to the **Post-Activity Reconciliation Form** which should be completed within ninety (90) days of ME Activity completion.

2. Click on the *Post-Activity Reconciliation / Change of Scope* tab to complete this form.

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# Post-Activity Reconciliation



The **Post-Activity Reconciliation Form** should be completed within ninety (90) days of ME Activity completion as part of the required reconciliations for your ME Activity.

All assigned **Post-Activity Reconciliation Forms** will be listed here for your completion with a corresponding Due Date (e.g., live activity form and enduring activity form).

Click on **View/Complete** to provide your reconciliation details to Galderma.

GALDERMA

# Post-Activity Reconciliation



Select the reconciliation(s) that you are completing at this time.

- Product Reconciliation is due within **fifteen (15) days** of Activity completion.
- Monetary Reconciliation is due within **ninety (90) days** of Activity completion.

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# Post-Activity Reconciliation



**Product Reconciliation:**
No Remaining Product

1. Indicate if all product was used during the ME Activity.

2. Read the certification statements and certify your agreement. If you do not agree, please describe.

3. If 'Yes,' all product was used, this completes the requirements for the Product Reconciliation. Scroll to the top of the page and click **Save** to save your Product Reconciliation details.

If there is remaining/unused product, additional information is required.

# Post-Activity Reconciliation

**Product Reconciliation**

1 **\* Was all product used?**
○ Yes
● No

**!** After entering your Product Reconciliation information, click **Save**. **Do not click Submit.** This will result in an error message.

2 **\* Unused product will be returned to Galderma.**
● Yes
○ No

3 **\* Please provide the following information for all unused product**

| Product Name | Quantity | Lot # |
|---|---|---|
| | | |

⊕ ✎ 🗑   ⎟◄ ◄◄ Page 1 of 0 ►► ►⎟ 10 ▾   No records to v

**Add New** ✖

Product Name [Dysport® 300 unit vials ▾] (*)

Quantity [ ] (*)

Lot # [ ] (*)

(*) required

[💾 Submit] [✖ Cancel]

**Contact Information for Return Shipment**

**\* Name:**

**\* Phone Number:**

**\* Address for UPS pickup:**

**\* Dimensions of box product will be returned in (HxWxL):**

**\* Email Address:**

**\* Please Describe:**

4

| Submission Form | Files | Emails | **Post-Activity Reconciliation** | Action Items |

## POST-ACTIVITY RECONCILIATION

[ Save ] [ Submit ] [ Cancel ]

GALDERMA

## Product Reconciliation: Remaining Product

1. If there is remaining/unused product, select 'No'.

The following additional information is required:

2. Indicate if unused product will be returned.
3. Enter the information for all unused product.

- Click the **+** to **Add New**
- Select the **Product Name** from the drop-down list provided.
- Enter the **Quantity** of units remaining and corresponding **Lot #** located on the product.
- Click **Submit** to save your entry.

4. Enter the Contact Information for Return Shipment.

Enter Click **Save** to save your form.

# Post-Activity Reconciliation



You may receive the following message upon clicking Submit.

If you do not complete the **Activity Details** portion of the Post-Activity Reconciliation Form at the same time as your Product Reconciliation, the system will say "Not Submitted."

Please note that "Not Submitted" corresponds to your **Post-Activity Reconciliation Form** as a *whole*, and not the Product Reconciliation details that you have just provided. Galderma *will* be able to view this information internally despite the "Not Submitted" message on your screen.

You may come back at a later time within your ninety (90) days to complete the Activity Details section.

# Post-Activity Reconciliation



## Activity Details

You may complete the **Activity Details** section at any time within ninety (90) days of Activity completion.

1. Select the Activity Type(s).

2. Enter the Activity Start Date and End Date.

3. Enter the Total number of Learners.

4. Enter the Total number of CME/CE Certificates Awarded.

5. Enter the Learner Participation Breakdown by Profession.

6. Enter the Learner Participation Breakdown by Specialty.

7. Click **Save** to save this information – This will *not* submit your form.

8. Click **Submit** to submit your Post-Activity Reconciliation Form to Galderma for review.

9. You will receive the following confirmation when your form has been submitted successfully.

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# Post-Activity Reconciliation

**Budget Reconciliation Details**

* Actual Total Cost of Program: $
* Actual Total Program Revenue/Income: $
* Educational Grant Received from Galderma: $
* Other Educational Grant Support Received: $
* Total Promotional Support Received: $
* Total Registration Income: $
* Other Income: $

**[1]**

* Were all of Galderma's funds used?

○ Yes
● No

*Remaining funds =$500 must be returned to Galderma.*
*Please send refund via ACH to Galderma at*
*For ACH delivery:*
*Bank Routing Number: 111000614*
*Account Number: 1180182386*
*Account Name: Galderma Laboratories, L.P.*
*ATTN: Medical Grant Refund*

* Total Funds Remaining $

**[2]**

**[3]**

Please indicate how Galderma's funds were allocated:

* Management Fees: $
* Meeting Logistics: $
* Program Materials: $
* Accreditation and Outcomes Evaluation Fees: $
* Faculty and Staff: $
* Meals: $
Other: $

*If funds were allocated in areas not indicated above, please detail these below:*

< Category          Expense >

**[4]**

**[5]**

* I certify that the monetary grant received was used solely for the purpose of the educational activity.

○ Yes
● No

* Please Describe:

**[6]**

**[7]**

| Submission Form | Files | Emails | Post-Activity Reconciliation / Change of Scope | Action Items |

[8] [9]

Save    Submit    Cancel

↓ Post-Activity Reconciliation Guidance Document

**Submitted** [10]
Thank you. Your form has been submitted successfully.

1. Enter the actual program itemizations as listed.
2. Indicate if all of Galderma's grant funding was used.
3. If 'No,' enter the Total Funds Remaining.
4. Enter the allocations for Galderma's grant funding.
5. If Galderma's funding was not allocated to the areas already listed, please indicate any 'Other' area(s) in this category space with the corresponding cost.
6. Read the certification statement and certify your agreement.
7. If you do not agree, please describe.
8. Click **Save** to save this information – This will *not* submit your form.
9. Click **Submit** to submit your Post-Activity Reconciliation Form to Galderma for review.
10. You will receive the following confirmation when your form has been submitted successfully.

# Activity Completion

Once all reconciliations have been completed and requirements of the LOA have been fulfilled, the status of the submission will be changed to **Complete**. The submission will be archived but still accessible through your user account. You will not be able to edit any of the submission details after the status has been changed to Complete.

If the Activity Provider fails to provide the reconciliations in a timely manner as required, the status of the submission will be changed to Reconciliation Past Due. Your Organization will be unable to request any additional support until these reconciliations are submitted.

TABLE 1. Comparison of an Expanded Outcomes Framework with the Original Framework for Planning and Assessing CME Activities

| Original CME Framework | Miller's Framework | Expanded CME Framework | Description | Source of Data |
|---|---|---|---|---|
| Participation | | Participation LEVEL 1 | The number of physicians and others who participated in the CME activity | Attendance records |
| Satisfaction | | Satisfaction LEVEL 2 | The degree to which the expectations of the participants about the setting and delivery of the CME activity were met | Questionnaires completed by attendees after a CME activity |
| Learning | Knows | Learning: Declarative knowledge LEVEL 3A | The degree to which participants state *what* the CME activity intended them to know | *Objective:* Pre- and posttests of knowledge. *Subjective:* Self-report of knowledge gain |
| | Knows how | Learning: Procedural knowledge LEVEL 3B | The degree to which participants state *how* to do what the CME activity intended them to know how to do | *Objective:* Pre- and posttests of knowledge *Subjective:* Self-report of knowledge gain |
| | Shows how | Competence LEVEL 4 | The degree to which participants *show* in an educational setting *how* to do what the CME activity intended them to be able to do | *Objective:* Observation in educational setting *Subjective:* Self-report of competence; intention to change |
| Performance | Does | Performance LEVEL 5 | The degree to which participants *do* what the CME activity intended them to be able to do in their practices | *Objective:* Observation of performance in patient care setting; patient charts; administrative databases *Subjective:* self-report of performance |
| Patient health | | Patient health LEVEL 6 | The degree to which the health status of patients improves due to changes in the practice behavior of participants | *Objective:* Health status measures recorded in patient charts or administrative databases *Subjective:* Patient self-report of health status |
| Community health | | Community health LEVEL 7 | The degree to which the health status of a community of patients changes due to changes in the practice behavior of participants | *Objective:* Epidemiological data and reports *Subjective:* Community self-report |

Moore DE Jr, Green JS, Gallis HA. Achieving desired results and improved outcomes: integrating planning and assessment throughout learning activities. *J Contin Educ Health Prof.* 2009;29(1):1-15.

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For questions about the submission process, post-approval, or for technical support, please contact the U.S. Medical Grants Team at:

usmedicalgrants@galderma.com