

GALDERMA

EST. 1981

U.S. Medical Grants Portal Requestor User Guide

Residency Program Training

July 2022

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Introduction

Galderma recognizes the importance of supporting residency programs that provide formal and structured on-label injection trainings involving our portfolio of aesthetic injectable products.

We provide in-kind product grants to ACGME-accredited dermatology, plastic surgery, ophthalmology, and otolaryngology residency programs who conduct their own on-label injection trainings.

The purpose of this guide is to:

- Introduce users to the Galderma U.S. Medical Grants Portal
- Demonstrate how to apply for an in-kind product grant for Residency Program Trainings

Getting Started

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



Home

Request For Proposals

Investigator-Initiated Studies

Independent Medical Education

Resident Training

Site FAQs

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CREATE AN ACCOUNT

ALREADY HAVE AN ACCOUNT?

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.

Returning users may log in by clicking **Already have an account?**
First-time users will need to **Create Account** in order to submit a new request.

Getting Started

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](#)

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



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.

<input type="text" value="First Name*"/>	<input type="text" value="Last Name*"/>
<input type="text" value="Email Address*"/>	<input type="text" value="e.g. +99 999 999999"/>
<input type="text" value="Country*"/>	
<input type="text" value="Password"/>	
<small>* Required</small>	
<input type="text" value="Re-type Password"/>	

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



Enter the code shown:



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.)

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

4 **2**

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.



Add a Photo

EDIT PROFILE

Please provide us with your contact and profile information as requested below. When typing your Institution, if the name does not appear in the popup, please select "Quick Add Institution (+)" and enter your information to save to your profile. You may return to this page at any time to update your profile or contact information as needed. (*) are all Required Fields.

* John * Doe

Prefix Suffix Title / Position

* United States

* 1234 Address

* City

* 1234567890 Web Address

* Organization

Quick Add

Name: Name required

Type: Academic Institutions

Country: United States

Save Cancel

Quick Add Institution (+)

Change Password

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



Forgot Password

GALDERMA

EST. 1981

CREATE AN ACCOUNT

ALREADY HAVE AN ACCOUNT?

1



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.

Forgot Password?

LOGIN

2

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



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 academic institution.
- 3. Site FAQ:** Click here to view Frequently Asked Questions regarding portal applications.
- 4. Learn More and Submit a Request:** Click here to redirect to the Residency Program Training Landing Page 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.

The screenshot shows the GALDERMA Medical Grants Portal homepage. At the top, the GALDERMA logo is centered, with 'EST. 1981' below it. A navigation bar contains links: Home, My Submissions (callout 1), Request For Proposals, Investigator-Initiated Studies, Independent Medical Education, Resident Training, Site FAQs (callout 3), and Edit Profile (callout 2). The main heading is 'MEDICAL GRANTS PORTAL'. Below it is a paragraph: '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.' There are four main content areas, each with a title, an image, and a 'LEARN MORE AND SUBMIT A REQUEST' button: 1. 'REQUEST FOR PROPOSALS' with an image of a smiling woman and a callout '1'. 2. 'INVESTIGATOR-INITIATED STUDIES' with an image of petri dishes and a callout '3'. 3. 'INDEPENDENT MEDICAL EDUCATION' with an image of a woman at a laptop and a callout '4'. 4. 'RESIDENT TRAINING' with an image of medical students and a callout '2'. The callout '4' is highlighted with a thick border.

Submitting a Request



RESIDENT TRAINING

The tabs at the top of the [Residency Program Training Landing Page](#) contain additional information on the following:

- Types of Support
- How to Apply
- Policies & Guidelines

Click on each tab to learn more about these different areas



HOME TYPES OF SUPPORT HOW TO APPLY POLICIES & GUIDELINES

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

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

Galderma recognizes the importance of supporting residency programs that provide formal and structured on-label injection trainings involving our portfolio of aesthetic injectable products. Results of such activities may lead to greater understanding of the therapeutic areas that we treat, our products and their potential applications, as well as improved patient care.

We accept unsolicited requests for in-kind product grants from ACGME-accredited dermatology, plastic surgery, ophthalmology, or otolaryngology residency programs who are interested in conducting their own on-label injection trainings. Each program may submit 1 request per academic year. Requests are accepted on an ongoing basis, but there are submission deadlines for each semester (see Submission Deadlines in the HOW TO APPLY tab). *Please note that submissions/contracts do not automatically renew each academic year.*

Residency program trainings should be conducted independently from Galderma; therefore, these grants are limited to the provision of in-kind product support only.



When you are ready to start a new request, click here.

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

RESIDENCY REQUEST

Contact Information

1

*First Name

*Last Name

*Job Title

*Email

*Phone

Organization Details

2

*Organization Name

*Organization Address

*Organization City

*Organization State

*Organization Zip Code

Organization Website

1. Enter the contact information for the submission. Galderma will use this information to contact you at your organization if any issues or errors arise.
2. Enter your Organization Details. This should be the academic institution your residency program is associated with.

*Fields marked with an * are required for submission*

Submitting a Request

Residency Details

1. Enter the name of your residency program.
2. Enter your program specialty. Please note that if “Other” is selected, your request may be declined. Please see our program’s guidelines on the [Residency Program Training Landing Page](#) for additional information.
3. Enter the information of your Program Director.
4. Enter the number of residents currently in your program. It is important to indicate the total number of residents plus any additional fellows. You will not be allowed to request product for any resident/fellow not accounted for.
5. Select all semesters that you would like to receive a product shipment. This is applicable for the current academic year only.
6. Select the types of products the residents will be educated on

Residency Details

We accept one request per program per academic year. If approved, you will receive one (1) shipment per selected semester with a fixed amount of product based on the requested types and number of residents in your program. Please ensure that you will be able to use product for each semester selected, keeping in mind that some products may need to be refrigerated.

*Residency Program

1

Your program is eligible to submit one (1) request per academic year.

*Program Specialty

2

- Dermatology
- Ophthalmology
- Otolaryngology
- Plastic Surgery
- Other

*Program Director Name

3

Requests are accepted throughout the academic year but must be submitted prior to the submission deadlines for each semester (these dates are posted under the **Process** tab [here](#)).

*Program Director Email

*Number of Residents

4

*Requested Semesters

You may submit one (1) request per academic year. If approved, you will receive one (1) shipment of product for each semester selected below.

- Fall
- Spring
- Summer

5

*Requested Product Types

- Biostimulators
- Fillers
- Neuromodulators

6

You may request all 3 semesters of the academic year at the same time. If approved, you will receive 1 shipment per semester.

Submitting a Request

The screenshot shows a web form for submitting a request. It contains several input fields and buttons. Numbered callouts are placed over the form to indicate the steps:

- 1**: A large text area for describing product usage.
- 2**: Radio buttons for 'Do you charge a fee to the recipient of the product?'.
- 3**: A text field for 'Academic Institution Shipping Address'.
- 4**: 'Save' button.
- 5**: 'Submit' button with a mouse cursor clicking it.

*Describe how the products will be used

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

*Academic Institution Shipping Address
Product will only be shipped directly to the Residency Program Director.

*Shipping City

*Shipping State

*Shipping Zip Code

*Shipping Phone

Save Submit

Product Request

1. Provide a brief description of the resident education and training.
2. Indicate if a patient fee is associated with treatment with the product. Please note we do not allow residency programs to associate any charges or fees with the in-kind product.
3. Enter the product Shipping Address. City, State, Zip Code, and Phone Number.
4. Click **Save** to save your submission form. *Please note, this does not submit your form.*
5. Click **Submit** to submit your request.

Submitting a Request

***Describe how the products will be used**
Description here

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

***Academic Institution Shipping Address**
Product will only be shipped directly to the Residency Program Director.

123 Street

***Shipping City**
City

***Shipping State**
Texas

***Shipping Zip Code**
12345

***Shipping Phone**
1234567890

Save Submit

Not Submitted
Please scroll down to complete the *Required fields. Thank you.

Product Request

Once you have completed the form in its entirety and have saved your information, please ensure your submission form is complete.

When you are ready to submit your request, click **Submit**.

The system will alert you of any incomplete information with this notification at the top of your screen.

Update the incomplete fields and click **Submit** again to submit your request to Galderma for review.

You are unable to make any further changes to your request after this time.

Submitting a Request

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

EXAMPLE 2022

External Status: **Submitted**

Submitted Date: **6/22/2022**

Submission ID: **1985**

Group: **RES**

Last Modified On Portal: **6/22/2022 11:43:20 AM**

 **SUBMITTED**

Letter of Agreement

Submission Form **Files** Emails

1 **2**

FILES

Below is a link to our Galderma Aesthetic Medical Injection Guidelines that may be used as an educational resource. This guide consists of lessons on technology overview, injection areas, and injection techniques for each of our products.

[Galderma Aesthetic Medical Injection Guidelines](#)

Select file(s) to upload...

L

Name	Uploaded	File Type	File SubType	Size
1000 - PA - Example Residency Program - Residency 2022.docx	6/27/2022 2:32:52 PM	Product Agreement (PA)		11.57 KB

If your request is approved, you will receive an approval email with instructions regarding the next steps of the approval process.

1. A **Product Agreement (PA)** will be sent to you and your Program Director through DocuSign. ***Only the Program Director will get the signable copy.***
 - Please complete the PA within 30 days of the date of the email. Upon receipt, we will fully execute this PA and schedule your product shipments accordingly. A fully executed PA will be uploaded to your portal submission
2. All emails sent through the portal are tracked under the ***Emails*** tab. You can check for your approval email here if you are unable to locate this in your personal email for any reason, such as accidental deletion.

Next Steps

Within your portal submission you will see the following tabs:



- 1. Submission Form:** You will find your submission form details in this tab. This information cannot be changed after your form is submitted unless more information is requested from Galderma.
- 2. Files:** You will find the fully executed Product Agreement in this tab. You will also find the Galderma Aesthetic Medical Injection Guidelines at the top of the Files tab on your portal submission. The purpose of this presentation is to enhance your program's understanding of Galderma's portfolio Aesthetic products. This guide consists of lessons on technology overview, injection areas, and injection techniques for each of our products. Please feel free to use this as an educational resource for your resident program.
- 3. Emails:** All email correspondence sent through the Portal can be found in this tab.
- 4. Product Shipments:** In this tab you will find details on your product shipments and tracking information.

Next Steps

Submission Form Files Emails **Product Shipments**

PRODUCT SHIPMENTS

- [Approved Product](#) **1**
This section lists the approved product shipments for your program.
- [Product Tracking](#) **2**
This section lists the product tracking details for each shipment.

1. **Approved Product:** You will see details for each product shipment in this section.
2. **Product Tracking:** You will see tracking information for each shipment in this section.

Approved Product

1. Each row is a product shipment (semester).
2. This section shows you what product and quantities are being shipped.
3. This is the anticipated delivery date. You can expect to receive product on or around this date.
4. This is the approval/decline for each semester requested. If you have requested past the semester deadline, we may decline that semester (these dates are posted under the **Process** tab [here](#)).

Submission Form Files Emails **Product Shipments**

PRODUCT SHIPMENTS

- Approved Product**
This section lists the approved product shipments for your program.
- Product Tracking**
This section lists the product tracking details for each shipment.

Dysport®	Restylane Kysse	Restylane Defyne	Restylane Refyne	Restylane Lyft	Restylane Silk	Restylane L®	Sculptra®	Restylane Contour	Approval	ATTN:	Shipping Address	City	State	Zip Code	Phone	Comments	Anticipate Delivery Date	Editable Until
10	10	20	5	20	5	5	10	20	Declined	John Doe	1234 Street	City	Texas	12345	1234567890			6/27/2032
10	10	20	5	20	5	5	10	20	Approved	John Doe	1234 Street	City	Texas	12345	1234567890		8/31/2022	6/27/2032
10	10	20	5	20	5	5	10	20	Approved	John Doe	1234 Street	City	Texas	12345	1234567890		11/30/2022	6/27/2032

View 1 - 3 of 3

Product Tracking

Submission Form

Files

Emails

Product Shipments

PRODUCT SHIPMENTS

- [Approved Product](#)

This section lists the approved product shipments for your program.

- [Product Tracking](#)

This section lists the product tracking details for each shipment.

The **Product Tracking** section lists the tracking information for all product shipments. Product Tracking will be available the afternoon of the **Anticipated Delivery Date**. Galderma will update the **Anticipated Delivery Date** in the **Approved Product** section once the product shipment has been scheduled.

Tracking Number	Date of Product Shipping
1Z6108XY2419097961	5/12/2022
1Z6108XY2419097827	5/12/2022
1Z6108XY2419097943	5/12/2022
1Z6108XY2419097952	5/12/2022
1Z6108XY2419097710	5/12/2022
1Z6108XY2419087552	5/12/2022
1Z6108XY2419097916	5/12/2022
1Z6108XY2419097818	5/12/2022
1Z6108XY2419097989	5/12/2022

« ‹ › »

View 1 - 9 of 9

Additional Help

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

USMedicalGrants@galderma.com