

Certificate of Separation

Amgen is committed to complying with Independent Medical Education (“IME”) accreditation requirements that IME content remain separate and independent from undue influence of the commercial interests that provide financial support and sponsorship to IME providers and their programs. Therefore, Amgen seeks to ensure that entities requesting IME provide written certification that they are not a commercial interest or owned or controlled by a commercial interest. To facilitate the determination of your organizations eligibility, complete the following:

- I. The Accreditation Council for Continuing Medical Education (ACCME) defines a commercial interest as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical services directly to patients to be commercial interests.

Is the entity a provider of clinical services directly to patients?

- Yes; Please complete the form by signing below.
- No; Please proceed to section II.

Signature

Date

Print Name of Accredited Provider/Medical Education Partner

Title

- II. Is the entity affiliated with a medical group or practice, a business concern, organization or an individual? (As used here, “affiliated” means that one party controls the other, or both parties are controlled by the same third party. Control may consist of shared management or ownership; common use of affiliate’s equipment and/or employees; or it may involve a family interest)

- Yes; List name of affiliate(s): _____
- No

Has your organization, your principals or employees, or any organization with which you are affiliated, been involved in providing Amgen-directed activities to Amgen within the last 12 months? (Amgen-directed activities include, but are not limited to, advertising/promotional services, speaker’s bureau membership,

advisory boards/consultant meeting planning or services or publication activities, acted as a principal or named investigator on research.)

- Yes; Please proceed to the Certification of Separation.
- No; Please complete the form by signing below.

Signature

Date

Print Name of Accredited Provider/Medical Education Partner

Title

Certification of Separation

By my signature below, I hereby certify that, I am an authorized signatory for the IME provider, and that all of the following are true and correct:

[Accredited Provider/Medical Education Partner] and its principals and employees are not now, nor have been in the past 12 months, involved in providing Amgen directed activities or services to Amgen, including but not limited to advertising/promotional services, advisory boards/consultant meeting planning or services or publication activities.

[Accredited Provider/Medical Education Partner] is affiliated with [affiliate], a company that is or has been involved during the past 12 months in company directed activities for Amgen.

[Accredited Provider/Medical Education Partner] is a separate legal entity from [affiliate], and has a separate tax identification number from [affiliate].

[Accredited Provider/Medical Education Partner] does not share office space with [affiliate].

The account management, editorial, sales, project planning personnel, content developers (including medical writers), and medical advisors, both employees as well as outside consultants, of [Accredited Provider/Medical Education Partner] are distinct and separate from account management, editorial, sales, project planning personnel, content developers (including medical writers), and medical advisors of [affiliate].

[Accredited Provider/Medical Education Partner] has not and will not access records or computer systems impacting on activity content or project-related content maintained by [affiliate].

Employees of [Accredited Provider/Medical Education Partner] do not and will not engage in communications with employees of [affiliate] about Amgen's promotional strategies or Amgen-directed activities.

If any of the above information changes prior to commencement of the program thru 12-months following completion of the IME program for which funding is requested, I will notify Amgen immediately.

Signature

Date

Print Name of Accredited Provider/Medical Education Partner

Title