



# **Medical Education (ME) Grants Program**

## ***Information Needed for Your Application***

Dear Applicant:

Thank you for your interest in Eisai's Medical Education (ME) Grants Program. To assist you with preparing your ME grant application, we have prepared a list of information that you should have ready when you complete the online application.

### **Therapeutic Area**

Please be sure to select the correct therapeutic area as follows:

#### **Central Nervous System (CNS) & Metabolic**

- Epilepsy
- Obesity

#### **Oncology**

- Breast Cancer
- Chemotherapy-Induced Nausea and Vomiting (CINV)
- Thyroid

### **Participating Organizations**

Please list all organizations participating in the development, planning, accreditation (if applicable) or execution of this grant program.

- Organization Name
- Organization Type (e.g. Requesting Organization, Accredited Provider, Third Party Vendor or Requesting Organization & Accredited Provider)
- Payee (only one organization can be the Payee)
- Payee Tax ID
- Tax Status (e.g. Profit, Non Profit)
- Accrediting Council (if applicable)
- Address
- Phone
- Fax
- Contact Name
- Contact Email



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## Program Overview

Program and Learning Objectives - List the major educational objectives that the program is specifically designed to accomplish including information on the disease state, current practices if applicable, information evidencing any unmet need and providing substantiation for proposed educational objectives and needs, including relevant literature and other support, such as evidence-based medicine, practice guidelines and data, etc.

Disclosure of Eisai Recognition - Eisai support of the program must be clearly acknowledged and disclosed to all participants in all grant activities and materials. Any portion of the grant intended to pay for promotional exhibit space will be denied.

## Speakers

Please provide the requested information for all Speakers/Faculty. Eisai defines the term Speaker to mean any:

- Member of the medical, dental, pharmacy and nursing professions (including physicians, psychiatrists, psychologists, pharmacists, investigators, academic consultants and their associated healthcare professionals such as physician assistants, nurse practitioners and nurses).
- Formulary decision maker and other individual not employed by Eisai who is in a position to influence the ordering, prescribing, purchase, use or recommendation of an Eisai product

Please include the following information for each speaker:

- First Name
- Last Name
- Suffix
- Type (e.g. Author, Faculty, Planner, Program Chair, Speaker, and Other)
- Address
- Affiliated Organization
- Present Position
- Expertise (List the qualifications which support the selection of this individual as a speaker)



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### **Grant Activities**

An activity line entry must be completed for each separate activity (i.e. Symposium and Enduring Materials (such as a Webcast or a Journal Supplement), Program with multiple venues/locations, etc.)

Activity Type – Type of program/activity your grant request is such as:

- Case discussions
- Grand Round
- Journal Supplement
- Live Event
- Monograph
- Symposia
- Web Education (please include website(s) under “\*City” since there will be no actual location)

Activity Budget - Total budget required to fully execute the program/activity. This does not depend on funding sources. A detailed budget should be completed within the “Financial” tab of the online application.

Activity Requested Funding (Eisai) - Total funds requested from Eisai to support the execution of the activity

Then complete the remaining details such as:

- Start and End Date of this activity
- Title
- Description
- Country
- City
- State
- Learning Objectives
- Agenda
- Educational Credits
- Estimated # of Attendees/Viewers
- Other Sources of Funding



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- Target Audience (e.g. Oncologists, Pharmacists, Nurses, Physicians, Physician Assistants)
- Methods of Evaluation - Describe the method(s) that will be used to evaluate the program, including details on pre-, during, and post-evaluations.
- Methods of Advertisement - Describe the method(s) you intend to use to advertise the program (e.g. Invitations, email blasts, Journal advertisements, etc.)

### **Financial Information (Detailed Full Program Budget)**

Please provide a detailed budget for the entire program, to include:

Management Fees, which include the following items (where applicable):

- Program Development
- Multimedia Development
- On Site Content Project Mgmt.
- On Site Editorial Services
- Logistic Management Fee
- Writing/Editorial/Literature Review
- Other

General Direct Program Expenses, which include the following items (where applicable):

- Accreditation Fee
- Association Fee
- Program Materials
- Meeting Room
- Audio/Visual
- Printed Materials/CDs
- Web Hostings/Development
- Other

Staff Expenses, which include the following items (where applicable):

- Staff Travel
- Staff Lodging
- Staff Ground Transfers
- Other



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Speaker Expenses, which include the following items (where applicable):

- Speaker Travel
- Speaker Hotel
- Speaker Ground Transfers
- Honoraria
- Faculty Meal
- Other

Attendee Expenses, which include the following items (where applicable):

- Attendee Breakfast
- Attendee Lunch
- Attendee Dinner
- Attendee Breaks
- Other

*\*\*Please note as of August 2013 Eisai no longer provides support for meals*

### **Required Documents**

The following document must be completed and posted under the “Attachments” section of the application:

- **Cover Letter** - Please attach a cover letter (on institutional letterhead) that states a description of the grant activity, the program/activity title, start and end date of each activity, location(s) (if applicable), the amount requested from Eisai, authorized original “wet-ink” signature, and complete contact information on whom the funds are to be paid with tax id number.

**Additional documentation that supports your application may also be posted under “Attachments” such as a proposal, needs assessment, brochure, W-9 forms, invitations, etc.**



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To access the Eisai Medical Education Grants  
Home Page please visit:

<http://eisagrants.com/Default.aspx>

(Be sure to add this webpage as a ★ “Favorite”)

If you have any questions, please contact:

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100 Tice Boulevard  
Woodcliff Lake, New Jersey 07677

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