



CARIBBEAN COLLEGE OF FAMILY PHYSICIANS (CCFP)

PARTNERSHIP AGREEMENT

This Partnership Agreement (the "Agreement") is entered into as of the Effective Date by and between the **Caribbean College of Family Physicians** ("CCFP") and

_____ hereinafter referred to as the "Partner." This Agreement establishes a collaboration framework to facilitate CCFP in providing accreditation through its accreditation bodies, namely the **Medical Council of Jamaica National Council on Continuing Medical Education (MCJ-NCCME)** and/or the **Caribbean College of Family Physicians National Council on Continuing Medical Education (CCFP-NCCME)** for

(Name of Activity)_____

_____ scheduled for (Date of Activity) _____

1. Purpose

The purpose of this Agreement is to outline the roles, responsibilities, and benefits of collaboration between CCFP and the Partner for continuing medical education (CME) activities, including but not limited to hybrid and virtual events.

2. Scope of Collaboration

The collaboration shall include, but is not limited to, the following areas:

- **Accreditation Support:** CCFP will facilitate accreditation of Partner's CME events through MCJ-NCCME and/or CCFP-NCCME and/or any other CME/CPD accreditation bodies.
- **IT Support:** Assistance with hybrid and virtual event execution, including technical setup.
- **Distribution of CME Certificates:** CCFP will oversee the issuance and distribution of CME certificates to attendees.
- **Promotional Material Design:** Designing and developing promotional flyers for Partner's accredited events.
- **Provision of Zoom Platform:** Ensuring a stable and professional virtual environment for CME activities.
- **Advertising and Promotion:** Marketing and promoting events through CCFP's established channels.
- **CME Certificate Design:** Ensuring professionally designed and standardized CME certificates.
- **Event Reporting:** Providing Partner with post-event reports, including attendee details and copies of CME certificates distributed.
- **Application Process:** Partner is required to submit applications for accreditation through the prescribed form for each hosted meeting.

3. Responsibilities of CCFP

CCFP agrees to:

- Ensure accreditation of Partner's CME activities through MCJ-NCCME and/or CCFP-NCCME and/or any other CME/CPD Accreditation body
- Provide IT support for virtual and hybrid meetings.
- Collaborate with the Partner on design of CME Certificates



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- Issue, and distribute CME certificates to attendees.
- Promote and advertise the event through CCFP professional network.
- Provide post-event reports to Partner, including attendee reports and issued certificates.

4. Responsibilities of the Partner

The Partner agrees to:

- Submit applications for accreditation using the prescribed forms.
- Provide CCFP with necessary event details, including speakers brief bios, agenda, goals, and objectives for meeting
- Method of hosting required (hybrid or virtual)
- Pre and post-test (MCQ format with answers) if applicable
- Collaborate with CCFP on marketing and promotional strategies.
- Ensure financial and logistical support as required for the agreed-upon services.
- Dialogue with the Secretariat representative at least 3 months in advance about the intention to partner/collaborate with the CCFP
- Design invitation in consultation with the CCFP Secretariat Representative, ensuring that the CCFP logo is prominently displayed on the Invitation
- If a product(s) is to be placed on the invitation, that this is discussed and approved by CCFP representative
- Presentations are of a scientific nature and not purely promotional of product(s).

5. Benefits of the Partnership

The Partner shall benefit from:

- **Wider Audience Reach:** Increased visibility and attendance from CCFP's extensive network of medical professionals.
- **Accreditation Assurance:** CME accreditation from recognized regulatory bodies, ensuring credibility and value for attendees.
- **Professional Event Execution:** Support with IT, marketing, and logistics for seamless event hosting.
- **Post-Event Reporting:** Comprehensive attendee reports and distributed CME certificates for record-keeping and compliance.
- **Enhanced Brand Visibility:** Opportunity to showcase the Partner's contributions to medical education through CCFP's promotional channels.

6. Term and Termination

This Agreement shall remain in effect for **the duration of the partnership** from the date of execution and shall be end on receipt of payment and CCFPs satisfactory completion of the project.

Payment Clause

Fees and Payment Terms

- a. All fees associated with the services provided under this partnership/collaboration shall be agreed upon in writing prior to the commencement of any activities (provision of an Estimate/Quotation).
- b. An estimate or quotation will be provided within **5 days** of submission of a request for services (service requisition form below).
- c. An invoice will be provided within **five (5) days** of acceptance of the estimate.
- d. Full payment of the invoice is due within **thirty (30) business days** of the date of the invoice.
- e. Payments should be made via **bank transfer** to CCFP's designated account, which is on the invoice.
- f. Late payments (beyond **30 days**) will incur a **0.05% monthly late fee**.



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1. Deposit Requirement

- a. A deposit of **50% of the total agreed fee** (if stated on the Estimate/Quotation) is required prior to the commencement of any services under this agreement.
- b. The deposit shall be paid **within 10 business days** of signing this agreement to initiate execution.

2. Payment Schedule

- a. The balance of the payment shall be made as follows:
 - o **50% upon final completion of all agreed-upon services**
- b. Payments shall be made via **bank transfer** to the designated account of CCFP, details of which will be provided upon request.

3. Late Payments

- a. Invoices must be settled within **30 days from the date of issue** unless otherwise agreed in writing.
- b. A late fee of **0.05% per month** may be applied to overdue payments beyond the specified due date.

4. Cancellation and Refunds

- a. If the collaborating party cancels the engagement before services commence, the deposit will be subject to **administrative fees of 0.05%**.
- b. If cancellation occurs after execution has begun, CCFP reserves the right to retain the deposit and charge for any work completed up to the date of termination.

Date Change Clause

1. Rescheduling of Activity

- a. Either party may request a change to the original date of the partnered/collaborated activity, provided that the change does not affect the overall execution of the project.
- b. A written notice of the date change must be submitted to the other party at least **15 days prior** to the originally scheduled date.

2. Notification Requirements

- a. The notice must include the **new proposed date** for the activity.
- b. Both parties must mutually agree to the new date in writing to confirm the rescheduling.

3. Project Execution

- a. The date change shall not impact the agreed scope, deliverables, or execution of the project unless otherwise specified and mutually agreed upon.
- b. If the new date results in additional costs or logistical adjustments, both parties shall discuss and agree on any necessary modifications.

4. Failure to Provide Timely Notice

- a. If notice of a date change is not provided within the **15-day period**, CCFP reserves the right to treat the change as a cancellation, subject to the terms outlined in the **Cancellation and Refunds Clause** of this agreement.

7. Confidentiality

Both parties agree to maintain the confidentiality of all proprietary information shared in the execution of this Agreement.

8. Governing Law

This Agreement shall be governed by and construed in accordance with the laws of **Jamaica**.



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9. Amendments

Any modifications to this Agreement must be made in writing and signed by both parties.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the Effective Date.

Caribbean College of Family Physicians (CCFP)

Authorized Representative: _____

Date: _____

Pharmaceutical Organization

Authorized Representative: _____

Date: _____