

# APPLICATION FOR EDUCATIONAL GRANT



## CARESTREAM GIVING GUIDELINES

All Educational Grants will be limited to:

- Supporting the education of HCPs involved in diagnostic imaging;
- Supporting the communities in which Carestream operates;
- Supporting healthcare research; or
- Such other similar purpose as may be approved by the Grants and Charitable Contributions Committee from time to time.

## COMPLIANCE WITH LAW, INDUSTRY STANDARDS AND COMPANY PROCEDURES

All Charitable Contributions, Educational Grants, and Independent Research Grants, must be provided in compliance with applicable laws, industry standards and Company policies. Under no circumstances will Charitable Contributions, Educational Grants and Independent Research Grants be offered or given in exchange for or as an inducement or reward for the purchase, recommendation, or use of Carestream products or services, or for any other corrupt purpose.

## APPROVAL AUTHORITY AND OVERSIGHT

The Corporate Grants and Charitable Contributions Committee (the "Committee") has exclusive and independent approval authority over all Applications that are fundable and pass a compliance check for Charitable Contributions, Educational Grants, and Independent Research Grants. No Grants or Charitable Contributions may be issued using Company funds without advance written approval from the Committee in accordance with Company procedures. No other Carestream personnel or third party is authorized to offer, promise or issue Charitable Contributions, Educational Grants, or Independent Research Grants on Carestream's behalf without the Committee's express authorization.

## MINIMUM QUALIFICATIONS

Applicants for Educational Grants must meet the following minimum qualifications:

- The applicant is an individual or entity qualified to engage in and/or fund the proposed educational activities such as an academic institution, medical or professional association, medical education company, community health center, conference organizer, patient association or advocacy group.
- The applicant certifies and provides documentation evidencing that the educational program for which they seek funding is accredited by The Accreditation Council for Continuing Medical Education (ACCME), the American Medical Association (AMA), other relevant independent educational standards organization, or applicant is otherwise deemed by the Committee qualified to perform the proposed educational activity.

## IMPERMISSIBLE USES: EDUCATIONAL GRANTS

Educational Grants may **not** be used to pay for:

- Expenses of family or friends or other companions of educational conference attendees or faculty members;
- Consulting or other services or goods provided to Carestream;
- HCP's or other conference speakers selected by Carestream; or
- Advertising, displays, or booth space by or for Carestream in connection with the conference.

*Note: Although these types of expenditures do not qualify as Educational Grants, they may qualify as acceptable expenditures pursuant to a service agreement or Sponsorship. Refer to the Sales and Marketing Codes of Conduct for further guidance.*

**Please submit the appropriate Application below to [WW-Grants-Charity@carestream.com](mailto:WW-Grants-Charity@carestream.com). Please include any questions and/or comments in the body of the email. A reply will be sent via email acknowledging receipt of Application.**



**REQUEST FOR  
CARESTREAM HEALTH  
EDUCATIONAL GRANT**

**REQUESTOR INFORMATION**

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Position/Title: \_\_\_\_\_ Company or Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Suite/Floor/Room #

City Province State/Country Postal Code

Department: \_\_\_\_\_ Degree: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Gov't/Tax ID: \_\_\_\_\_ KPPS# \_\_\_\_\_  
(France Only):

NPI# (US Only): \_\_\_\_\_ State License #: \_\_\_\_\_

Carestream Primary Contact (if none, put N/A): \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Product Requested: \_\_\_\_\_

Deadline for Receipt of Funding Request: \_\_\_\_\_

Primary organization function: \_\_\_\_\_

Start date of educational activity: \_\_\_\_\_ End date of educational activity: \_\_\_\_\_

Location: \_\_\_\_\_

General description of attendees:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide a brief description of the education activity for which the grant will be used:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REQUIRED DOCUMENTATION

- Attach a copy of invitation or brochure (if available)
- Please provide any additional information regarding your grant request
- Approval obtained from Management and agreement to fund the request.

## ELIGIBILITY QUESTIONNAIRE

1) Will this grant be used solely for legitimate expenses related to promoting objective scientific and medical activities and discussion?

Yes

No

2) Is the requestor of this grant one of the following:

Hospital

Society/Professional Medical Association

Academic Medical Center

Provider/Medical education company

Medical University

Accredited continuing medical education provider

Government Entity or government affiliated

None of the Above

3) Is your organization a nonprofit charity?

Yes

No

4) Is your organization accredited?

Yes

No

If yes, please list your accreditations that enable you to provide the education to be funded.

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5) Is your organization a government entity, political party, or fully or partially owned by a government entity?

Yes

No

If yes, please state the name of the government entity and describe your organization's relationship with it.

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6) Are you or one of your parent or sister organizations currently doing business with Carestream, or have an open tender for which Carestream has placed a bid?

Yes

No

If yes, please explain further.

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7) Are you seeking an unrestricted educational grant and/or is the grant to be used to support any of the following?

- Carestream Health Affiliated Speakers       Exhibit or Booth Space  
 Carestream Product or Program Involvement       None of the Above

8) Is your organization now or has it ever been convicted of any crimes or excluded from participation in government funded healthcare programs?

- Yes       No

If yes, please provide details as to the nature and reason for the criminal conviction and/or exclusion and your organization's current status.

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9) To the best of your knowledge, has your organization ever received any grant or charitable contribution from Carestream Health during the past five years?

- Yes       No

If yes, please provide the dates, locations and descriptions of the grants or charitable contributions and the amount of Carestream Health's funding for each.

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10) Are you now, or have you ever been a consultant for or an employee of any medical device company?

- Yes       No

If yes, please list the names of each company and the dates that you were affiliated with them.

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**Agreement to Accuracy and to Abide by Ethical Laws, Standards and Relevant Health Authority Regulations**

I represent that all the information submitted in this request is accurate and I agree to abide by all applicable laws and ethical standards relating to this request. The requested Educational Grant is not intended as a price term or in place of a price concession. The requested Educational Grant is not contingent on the purchase of any Carestream Health products and is not intended to encourage the recipient to purchase or recommend Carestream Health products. I also understand that should my Educational Grant request be approved, additional documentation may be required and I will be required to sign a letter of agreement with Carestream Health prior to receiving any funding.

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Signature: \_\_\_\_\_

Signature Date: \_\_\_\_\_