Teva Pharmaceuticals

User’s Guide:
Grant Request Submission
Medical Education and Patient Education Grants

Updated 09.06.2016
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Welcome Information

First Time Users
First time users must register before submitting a new request. Please click on the “Register” button and fill in the necessary information. For detailed, step-by-step instructions of our registration process, please refer to the registration section on our website: www.TevaRequests.com. This information includes contact name, telephone number, organization legal name, tax ID number, address, etc. Once your registration is received you may submit a new request.

Starting a Request

Welcome to the Teva Request Management System.

This Request Management System (RMS) is for US based organizations to submit proposals seeking support for Independent Medical Educational Grants, Patient Education Requests, and Corporate Charitable Donations. Note: all requests must be submitted at least sixty (60) business days prior to the date that you require a decision or a minimum of 50 days prior to your program start date (with the exception of Charitable Donations).

Updates
The RMS portal will close at 5:00 PM EST on Monday, November 21, 2016 and re-open at 8:00 AM on Monday, January 2, 2017. The RMS portal will be closed to new Medical Educational and Patient Education Grant Requests. Requests submitted prior to 5 PM EST on the portal closing date will continue to be reviewed and processed and you will have the ability to continue the reconciliation process for previously submitted requests while the portal is closed. This closure does not apply to submitting Charitable Donation requests.

We have now posted our 2016 Therapeutic Area Educational Objectives for grant requests. Please refer to www.TevaRequests.com. The 2016 Therapeutic Area Educational Objectives and other resources are located at this website to help with your submission.

PLEASE NOTE: To review Teva’s policy on Open Payments reporting and to obtain the reporting worksheet, please see the FAQ section at www.TevaRequests.com.

Independent Medical Education (IME) Grant Requests/Patient Education Requests

Teva is committed to supporting quality Independent Medical Educational Programs and Patient Education programs, as well as providing Corporate Charitable Donations that benefit patients and healthcare providers. Teva is committed to conducting business in compliance with all applicable federal and state statutes and regulations. For inquiries email TevaRequestManagement@tevapharm.com or call 800-961-3654. Please include the grant number if applicable.

We have now posted our 2016 Therapeutic Area Educational Platforms for grant requests. Please refer to www.TevaRequests.com. The 2016 Therapeutic Area Educational Platforms and other resources are located at this website to assist with your submission.

Corporate Charitable Donations

Teva is committed to increasing access to high-quality healthcare and to improving the overall health of our communities – communities where we live and work, and communities that share our goal of enhancing science and improving healthcare around the world. In order to achieve these goals, we focus our Corporate Charitable Donations in the areas we believe significantly impact the health of our communities and where we believe we can have the biggest impact.

- Organizations must be 501(c)(3) non-profit organizations
- Organizations must focus on Health and Wellness and/or Education related issues

Should you require assistance, please contact Teva at the following: charitable.donations@tevapharm.com / 1-855-581-3651

To learn more about Corporate Social Responsibility, please click: http://tevapharm.com/CorpSocialResponsibility.aspx

Updated 09.06.2016
Welcome Screen
After you enter your username and password into the Teva Request Management System Portal you will be directed to the home screen depicted below. This page includes information regarding the submission process, request status updates, and how-to sign a LOI/LOA. If you have multiple roles in the system (i.e. requestor, accredited provider, etc.) these roles are available through the “Role Select” link to the right of the “My Actions” link.

If you have already submitted medical and/or patient education requests, you will see the screen below upon logging in with your email and password. Please select “Submit New Request” in order to begin your new submission.
Please select the “Request Type” (Independent Medical Education, Patient Education or Corporate Charitable Donation Request) in order to begin the process of submitting a new request. Please see the screen shot below for further information regarding each request type.

Please note that if a Corporate Charitable Donation request is selected, these instructions do not apply. Please see the FAQs section on our website: www.TevaRequests.com for further details regarding charitable submissions.

NOTE Regarding Approval of Grant Process: If your grant is approved, you will be sent an email of that approval from the Request Management System. Please be aware that only the person you have assigned as the Authorized Signer will be able to access the link and electronically accept the LOI or LOA. The system has to electronically stamp their IP address for the electronic acceptance. Therefore, the authorized signer is the only email address that is able to access and see the LOI or LOA for acceptance. Once the LOI or LOA has been electronically accepted, the payment will then be released. Upon release of the payment, you should receive your check within a two week period.

Updated 09.06.2016
After you select your request type (Medical Education), you will be directed to the Request Completion Instructions:

**Request Completion Instructions**

- Please Note: Any therapeutic areas listed in this section are not currently accepting requests at this time. Please continue to visit the Teva Resource Website at www.tevarxrequests.com for therapeutic updates and further information.
- Important Note: Teva is no longer accepting Women’s Health requests.

Please keep in mind as you complete your application, the system will automatically time out after 45 minutes of inactivity. A reminder message will appear a short time before the automatic timeout. You will be asked if you would like to continue on the page. Select "OK" and immediately close anywhere within the Request Management System in order to remain active. If you do not select "OK" or if you do not return anywhere within the Request Management System within 1 minute, any unsaved information that you have entered will be lost.

**General Information**

You will begin by entering basic information related to the grant request. Fields designated by an asterisk (*) must be filled in order to continue to the next screen.
- The start and end dates of your activity may be the exact same day only if it is a one-day event (i.e., it is not a multi-day program).
- Teva Request Management System recommends that you submit your request at least 60 calendar days prior to the date that you require a decision.
- For ordering materials, enter the length of time from the first date of availability through the order expiration date (e.g., January 1, 2010 to December 31, 2010).
- You will be asked to provide required documentation.
- You will also be asked how you plan to deliver your educational program.
- You will need to include information regarding your target audience and number of participants anticipated.
- You will need to indicate if continuing education credit will be offered for this activity.

**Budget**

In the Budget section of your application, you will be asked to provide detailed information regarding the entire program budget as well as the funds requested from Teva.

**Supporting Documentation**

You will be asked to upload the following specific items required for your particular funding request:
- Agenda and/or Topics
- Learning Objectives
- Need Assessment
- Request Letter from Organization’s Legal Representative
- Outcomes Measurement Plan
- Site Information Form (if required)
- W-8 Form (you will be asked to verify if your current W-8 on file is valid)
- ROI Letter (if applicable)
- Board of Director’s Document (if applicable)
- Firewall Documentation (if applicable)
- ACCME Letter of Certification (if applicable)
- Authorization Letter (applicable to this program)

**Submit**

In this step of the application process, you will have the opportunity to review your educational grant request. You will also be required to agree to the Terms of Use for the Teva Request Management System.

If you need assistance while filling out your application, there are “Question Mark” icons located throughout the system, and “Help” and “Contact” links are posted at the top of each page.

**Letter of Independence for Educational Grants**

If you have questioned whether your application for an educational grant, you will be required to electronically sign and accept a Letter of Independence (LOI).

**Recipients**

Recipients of educational grants must furnish Teva with an electronic reconciliation report concerning the expenditure of grant funds, supported by appropriate substantiation, within 60 days of the completion date of the educational program. In addition, grant recipients must provide a detailed Donor’s Report of the program. For information regarding the reconciliation process, please visit www.tevarxrequests.com.

**Financial Records and Financial Audit Rights for Educational Grants**

Per ACCME guidelines, all recipients of educational grants shall maintain all records relating to the educational program for a period of six years. They must also allow Teva access to all financial records related to the educational programs, upon Teva request. The Grant Specialist will contact you if Teva requires a financial audit.
If you select Patient Education you will be directed to these Request Completion Instructions:

Please keep in mind as you complete your application, the system will automatically time out after 65 minutes of inactivity. A reminder message will appear a short time before the automatic timed-out would occur. You will be asked if you would like to continue on the page. Select “OK” and immediately click anywhere within the Request Management System in order to remain active. If you do not select “OK” or if you do not click anywhere within the Request Management System within 1 minute, any unsaved information that you have entered will be lost.

**General Information**

You will begin by entering basic information related to the patient education request. Fields designated by an asterisk (*) must be filled in in order to continue to the next screen.

Teva Request Management System recommends that you submit your request at least 60 calendar days prior to the date that you require a decision.

**Budget**

In the Budget section of your application, you will be asked to provide information regarding how you will use the funds requested from Teva.

- Fill in only those fields that apply to your request.
- Items that do not fall into a specifically listed category in the budget section should be included in the “other” section of the budget.

**Supporting Documentation**

You should upload the specific items required for your particular funding request:

- A copy of the IRS required Revised August 2013 W-9 Form for your organization is required if the form in your registration profile is no longer current. A blank W-9 Form is available for download once you have reached this step in the process.
- IRS Letter of Determination (non-profit 501(c)(3) and 501(c)(5) organizations)
- Request letter on organization’s legal letterhead
- Invitation/Plan
- List of Board of Directors
- W-9 form
- Detailed Budget (A complete, detailed budget is needed.)
- RFA and RFP Cubistics Document - Detailed description listed on www.tevarequests.com

(If applicable): Please note, if you are receiving a program grant or if Teva funds are being used for honoraria, please upload a document stating “N/A”

- Outcomes Measurement Plan (if applicable)
- Please ensure the request letter details the agenda, venue, date, needs assessment, learning objectives, approximate number of attendees and faculty, as well as a fully-detailed budget, so the reviewer is able to fully understand the nature of the patient program.

- Submit additional documentation you think would be helpful in making a decision on your application. Please limit the documentation to items relevant to the program addressed in your application.

**Submit**

In the last step of the application process, you will have the opportunity to review your patient education application before submitting it. You will also be required to agree to the Terms and Conditions of the Teva Request Management System.

If you need assistance while filling out your application, there are “What’s This” icons located throughout the system, and “Help” and “Contact” links are posted at the top of each page.
**General Information**

*General Information* includes information from the profile you used to register in our Request Management System (RMS).

Additionally, you will need to read and agree to Teva’s Compliance Commitment. Once your request has been submitted, your request will be reviewed using a rigorous review process. This includes a detailed review of the entire request and all uploaded documents.

Please see our website: [www.TevaRequests.com](http://www.TevaRequests.com) for further information and to view our Compliance Commitment.

The *submission module* for both Independent Medical and Patient Education Modules consists of the following sections:

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I certify that I have read and agree to comply with Teva’s Open Payment terms and conditions</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Program Type</strong></td>
<td><em>Professional Education</em></td>
</tr>
<tr>
<td><strong>Therapeutic Area</strong></td>
<td><em>Multiple Sclerosis</em></td>
</tr>
<tr>
<td><strong>Disease State</strong></td>
<td><em>Multiple Sclerosis</em></td>
</tr>
<tr>
<td><strong>Program Title</strong></td>
<td><em>Request for Testing</em></td>
</tr>
<tr>
<td><strong>Program/Activity Description</strong></td>
<td><em>This program activity is a test activity for work instructions.</em></td>
</tr>
<tr>
<td><strong>Start Date</strong></td>
<td><em>11/15/2016</em></td>
</tr>
<tr>
<td><strong>End Date</strong></td>
<td><em>12/31/2017</em></td>
</tr>
<tr>
<td><strong>Amount requested from Teva</strong></td>
<td><em>$20,000.00</em></td>
</tr>
<tr>
<td><strong>Total Program Budget</strong></td>
<td><em>$100,000.00</em></td>
</tr>
<tr>
<td><strong>Anticipated Revenue from Registrations</strong></td>
<td><em>$0.00</em></td>
</tr>
<tr>
<td><strong>RFP Code</strong></td>
<td><em>(Teva to provide, if applicable)</em></td>
</tr>
</tbody>
</table>

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Request Information

Once you have entered all of the required information in the “General Information” section, you will be required to complete each of the following tabs: Request Information, Delivery Format, Planned Outcomes, Outcomes Assessment, Authorized Signer and Payee.

Asterisk (*) Indicates Required Field

Request ID MED-MS-18952

- **Needs Assessment Summary**
  - Limit of 1000 characters
  
  This needs assessment is a test function for instructions to complete a request.

- **Competencies that will be achieved by request**
  - (select all that apply) Please hold down CTRL to select multiple
  
  - Patient care
  - Medical knowledge
  - Practice-based learning

- **Are you partnering with an outcomes company?**
  - Yes  No

- **Educational Objectives**
  - Please add one objective per box and click the save icon to add an objective
  
  Character limit is 255 characters. Educational Objectives will be a required document upload.

  + Add Objective

Updated 09.06.2016
**Delivery Format & Audiences**

**NOTE Regarding Delivery Format Input:** If you have multiple events or locations (i.e., several live meetings or a live meeting and a web event), please add each event or location in the Delivery Format section as a separate activity. It is acceptable to indicate that the location is TBD (to be determined).

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**Delivery Format**

Note: If you select Delivery Format other than “Fellowship”, please complete the Planned Outcomes and Outcomes Assessment Tab.

<table>
<thead>
<tr>
<th>Total # of Activities</th>
<th>Total # of Learners</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Enduring Activities</td>
<td>Enduring Learners</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Live Activities</td>
<td>Live Learners</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Web Activities</td>
<td>Web Learners</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Fellowship Activities</td>
<td>Fellowship Learners</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Click here to add another activity**

- **Delivery Format Type**
  - Enduring Material

- **Delivery Format**
  - Enduring Material

- **# of Speakers/Faculty Members**
  - 3

- **Please provide a description of Enduring Activity:**
  - This is a test for instructions to submit requests.

- **Release Date**
  - 12/15/2016

- **Expiration Date**
  - 12/31/2017

- **Geographic Reach**
  - National

- **Audience Generator Tasks**
  - Email Blast and Memberships

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**Audience Group**

<table>
<thead>
<tr>
<th>Audience Group</th>
<th>Specialty</th>
<th>Category of Credit</th>
<th>CME/CE Credit Hours for Category</th>
<th># of Invitations Expected to be Distributed</th>
<th># of Expected Learners</th>
<th># of Learners Expected to Receive Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>Multiple Sclerosis N</td>
<td>ACCME</td>
<td>2.0</td>
<td>10,000</td>
<td>3,000</td>
<td>290</td>
</tr>
</tbody>
</table>

**Click here to add another audience**

---

**Save and Back**

**Save and Proceed to Next Step**

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Updated 09.06.2016
**Planned Outcomes (Medical Education Only)**

Please select your planned Outcomes Level. Please note: Teva requires a minimum Outcomes Level of 3. Please be sure to read the 3rd column where we have provided examples of the measurement methods we are looking for at each outcomes level. Please also review column 4 for guidance on our expectations around outcomes measurement at reconciliation.

<table>
<thead>
<tr>
<th>Planned Outcome</th>
<th>Description</th>
<th>Example Measurement Methods</th>
<th>Reconciliation Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Participation</td>
<td>The number of learners who participated in the educational activity.</td>
<td>Participant Records</td>
<td>You will be required to enter the actual number of U.S. learners for each audience group. For online programs, participation should reflect actual “unique visitors” who participated in the education. If the actual number of learners is less than 50% of the expected number of learners, an explanation as to why the anticipated number of learners was not achieved will be required. In addition, you will be required to enter the average years in practice of learners and the average number of patients seen per week by the learners with the disease topic addressed in the education. This information will be collected as an average across all learners who participated in the education. You will be required to upload a full report describing participation outcomes levels, which should contain at least the demographic details of participants by specific format of the education and a definition of Unique visitor (appropriate).</td>
</tr>
<tr>
<td>2. Satisfaction</td>
<td>The degree to which the expectations of the learners about the setting and delivery of the education were met.</td>
<td>Questionnaire completed by learners after an educational activity.</td>
<td>You will be required to enter the total number of responses, the number responding positively, and the average scores across the responses for at least one of the following satisfaction items: “The design of the program was effective for the content conveyed; the content supported the identified learning objectives; the content was free of commercial bias; the content was relevant to your practice; the faculty presentation was effective.” You will also have the option to enter the number of “Neutral” responses to the following statement: “The learners were overall satisfied with the activity.” This information will be expected for each activity type associated with your grant (eg. live, print, online, or multi-form). You will be required to upload a full report of satisfaction level outcomes. This report should contain at least the demographic details of the learners who completed the questionnaire and any additional findings related to learner satisfaction associated with the educational activity initiative.</td>
</tr>
<tr>
<td>3. Knowledge</td>
<td>The degree to which learners state what the educational activity intended them to know. The degree to which learners state how to do what the educational activity intended them to know how to do.</td>
<td>Pre- and post-test knowledge self-report of knowledge</td>
<td>You will be required to enter the number of responses to your knowledge test, average scores to the knowledge test and the standard deviation of the two groups (either pre/post or post/retro). Or, you may require changes in knowledge by reporting overall learner’s agreement with the following statement: “The program increased learner knowledge. Not in our office preference that the data reported that the learner’s fast attempt to take the knowledge test. This is the best indication of changes in learner knowledge. You will be required to upload a full report with details regarding the methodology of assessment, knowledge test administered, demographic details of the sample of learners who completed the assessment, and any findings related to changes in learner knowledge, serving as an indication of how the overall learning objectives were accomplished.”</td>
</tr>
<tr>
<td>4. Competence</td>
<td>The degree to which learners show an educational setting how to do what the educational activity intended them to be able to do.</td>
<td>Self-report of competence: start-to-change.</td>
<td>You will be required to enter the total number of responses positively, the knowledge test used, the number responding positively, and the average score across the responses for the intent-to-change measure selected. These intent-to-change measures include: plan to make changes in my practice based on this activity or the activity improved my competence in managing patients with this disease/condition/symptom. This system will allow for entry of items captured across different Likert scales. You will be required to upload a full report containing details regarding methodology of assessment, demographic details regarding the sample of the learners who completed the questionnaire, and findings related to competence and expected practice changes serving as an indication of how the overall learning objectives were accomplished.</td>
</tr>
<tr>
<td>5. Performance</td>
<td>The degree to which learners do what the educational activity intended them to be able to do in their practices.</td>
<td>Observation of performance in a patient care setting, patient charts, administrative databases, self-report of performance: case-based survey.</td>
<td>Requirements will depend on the specific method of performance assessment used. For case-based survey assessments, you will be required to enter the number of respondents to the performance assessment survey, the average scores to the performance questions by each group (post-test and post-test/control) and the standard deviation for each group. For satisfaction performance change, you will be required to enter the methods used to assess performance change (ie, survey or interview), as well as the number of respondents who indicated changes have been made. You will be required to upload a full report that includes specific details regarding methodology and timing of assessment (immediate vs. follow-up), demographic details of the sample of learners assessed, findings showing how educational objectives have been achieved (eg, education lead to performance changes). Faculty interpretation of analysis and assessment findings and details regarding perceptions or barriers that may be impacting the overall performance of learners.</td>
</tr>
<tr>
<td>6. Patient Health</td>
<td>The degree to which the health status of patients improves as a result of changes in the learners’ practice behavior.</td>
<td>Health status measures recorded in patient charts or administrative databases, self-report of health status.</td>
<td>You will be required to select the method used to assess patient health. For health status outcomes, demographics of the sample of learners participating in the assessment as well as results from the assessment.</td>
</tr>
</tbody>
</table>


**Save and Continue Later**

Save and Proceed to Next Step
Outcomes Assessment (Medical Education Only)

Please enter any additional information for your intended Outcomes in the text box in the screen shot below:

<table>
<thead>
<tr>
<th>Level</th>
<th>Outcomes Assessment Instruments</th>
<th>Description of Methods</th>
<th>Planned</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Knowledge test (pre/post)</td>
<td>A test utilizing knowledge questions is completed by learners prior to the start of education and the same test (regardless of the ordering of questions) is fielded to learners at the completion of the education. It is expected that you will report responses from the learners’ first attempt of the survey. A matched sample is not required but strongly recommended.</td>
<td>✔️</td>
</tr>
<tr>
<td>3</td>
<td>Knowledge test (post/control)</td>
<td>A test utilizing knowledge questions is fielded to learners at the completion of the education. It is expected that you will report responses from the learners’ first attempt of the survey. These results are compared against responses from a demographically similar group of healthcare providers who did not participate in the education (i.e., a control group).</td>
<td>✔️</td>
</tr>
<tr>
<td>3</td>
<td>Learner self-report of knowledge change</td>
<td>Data gathered through a question immediately following participation in the education requesting the learner to report the amount of knowledge change that occurred as a result of the education. NOTE: This option may be used in combination with another knowledge level assessment for any grant but may only be used as a standalone knowledge measure if grants exceeding $50,000 are in support of these.</td>
<td>✔️</td>
</tr>
</tbody>
</table>

If the plan uses instruments other than those listed, please describe them here:
Detailed Budget Template – Medical Education

See screen shots below regarding completion of all tabs related to your detailed budget.

NOTE Regarding Budget Templates: Please make sure that the information you have entered in all of the Budget tabs matches the information contained in your uploaded Detailed Budget Information worksheet (see Document Uploads section).
### Cost Per Unit
Cost per unit denotes round trip airfare amount, or total mileage per Faculty/Staff, or hotel night rate, or cost per meal.

### # of Units
Each unit denotes one round trip airfare, or one total mileage per Faculty/Staff, or one hotel night, or one meal. Increase # of Units according to number of each round trip airfare amount, hotel night stays, and # of meals.

### # of People
Number of Faculty/Staff receiving travel and accommodations.
**NOTE Regarding Budget Information**: Please ensure that your Roles and Responsibilities document includes honoraria details (# of Hours, # of Faculty, and Hourly Rate), and are aligned with the Detailed Budget Information worksheet (see Document Uploads section). Please see the screenshot below for an example of the requested honoraria details for both Medical and Patient Education:

<table>
<thead>
<tr>
<th>Role</th>
<th>Credentials</th>
<th>Hourly Rate</th>
<th>Number of Hours</th>
<th>Number of Faculty</th>
<th>Proposed Program Fees</th>
<th>Requested from Teva</th>
<th>Breakdown of Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair</td>
<td>MD</td>
<td>$250</td>
<td>20</td>
<td>1</td>
<td>$2,500</td>
<td>$1,000</td>
<td>- Participate in content development call (1.5 hours)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Complete all necessary CME paperwork (5 hours)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Develop program agenda with medical director (4 hours)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Develop case study presentation - including 2 questions with rationale (4 hours)</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>- Develop slide presentation - approximately 40-50 slides each (10 hours)</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Participate in slide review call prior to recording</td>
</tr>
<tr>
<td>Faculty</td>
<td>MD</td>
<td>$100</td>
<td>20</td>
<td>30</td>
<td>$80,000</td>
<td>$80,000</td>
<td>- Participate in content development call (2.5 hours)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Complete all necessary CME paperwork (2 hours)</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Develop program agenda with medical director (1.5 hours)</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>- Develop case study presentation - including 2 questions with rationale (2 hours)</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>- Review/Edit/Revise slide presentation - approximately 40-50 slides each (6 hours)</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>- Participate in slide review call prior to recording (2 hours)</td>
</tr>
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<td></td>
<td></td>
<td>- Participate in live meeting (2 hours) - Post meeting outcomes/FAQ reporting (2 hours)</td>
</tr>
<tr>
<td>Faculty</td>
<td>Advanced Practice Nurse</td>
<td>$100</td>
<td>20</td>
<td>2</td>
<td>$4,000</td>
<td>$2,000</td>
<td>- Participate in content development call (2.5 hours)</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td>- Complete all necessary CME paperwork (2 hours)</td>
</tr>
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<td></td>
<td></td>
<td>- Develop program agenda with medical director (1.5 hours)</td>
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<td></td>
<td></td>
<td>- Develop case study presentation - including 2 questions with rationale (2 hours)</td>
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<td></td>
<td></td>
<td>- Review/Edit/Revise slide presentation - approximately 40-50 slides each (10 hours)</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>- Participate in slide review call prior to recording (2 hours)</td>
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<td></td>
<td></td>
<td></td>
<td>- Participate in live meeting (2 hours) - Post meeting outcomes/FAQ reporting (2 hours)</td>
</tr>
<tr>
<td>Peer Reviewer</td>
<td>Pharmacist</td>
<td>$50</td>
<td>5</td>
<td>1</td>
<td>$250</td>
<td>$250</td>
<td>Participate in content development call (5 hours)</td>
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<tr>
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<td></td>
<td>Complete all necessary CME paperwork (5 hours)</td>
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<td></td>
<td></td>
<td></td>
<td>Review slide presentation (2 hours) - Participate in final edit review (1 hour)</td>
</tr>
</tbody>
</table>

Updated 09.06.2016
See screen shots below regarding completion of all tabs related to your detailed budget.

<table>
<thead>
<tr>
<th>Management and Production Fees</th>
<th>Proposed Program Fees</th>
<th>Requested Amount from Teva</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content Development Fees</td>
<td>$25,000.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audience Generation/Activity Marketing</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Meeting Room</td>
<td></td>
<td></td>
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<tr>
<td>A/V Equipment - Rental and Labor</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Teleconference Fees</td>
<td></td>
<td></td>
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<tr>
<td>Onsite Meeting Support</td>
<td>$28,000.00</td>
<td>$10,000.00</td>
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Program Fees: $55,000.00
Requested Amount from Teva: $10,000.00

<table>
<thead>
<tr>
<th>Speaker/Staff Travel and Accommodations</th>
<th>Cost Per Unit</th>
<th># of Units</th>
<th># of People</th>
<th>Proposed Program Fees</th>
<th>Requested Amount from Teva</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speaker Airfare</td>
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<tr>
<td>Speaker Reimbursement</td>
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<tr>
<td>Speaker Transportation</td>
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<tr>
<td>Speaker Hotel</td>
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<tr>
<td>Speaker Meals</td>
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<tr>
<td>Staff Airfare</td>
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<tr>
<td>Staff Mileage Reimbursement</td>
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<tr>
<td>Staff Transportation</td>
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<td>Staff Meals</td>
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<tr>
<td>Staff Hotel</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Staff Meals</td>
<td></td>
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</tr>
</tbody>
</table>

Program Fees: $10.00
Requested Amount from Teva: $0.00

**Cost Per Unit:** Cost per unit denotes round trip airfare amount, or total mileage per Faculty/Staff, or hotel night rate, or cost per meal.

**# of Units:** Each unit denotes one round trip airfare, or one total mileage per Faculty/Staff, or one hotel night, or one meal. Increase # of Units according to number of each round trip airfare amount, hotel night stays, and # of meals.

**# of People:** Number of Faculty/Staff receiving travel and accommodations.
NOTE Regarding Budget Templates: Please make sure that the information you have entered in all of the Budget tabs matches the information contained in your uploaded Detailed Budget Information worksheet (see Document Uploads section).

NOTE Regarding Budget Information: Please ensure that your Roles and Responsibilities document includes honoraria details (# of Hours, # of Faculty, and Hourly Rate), and are aligned with the Detailed Budget Information worksheet (see Document Uploads section). Please see the screen shot below for an example of the requested honoraria details for both Medical and Patient Education:

<table>
<thead>
<tr>
<th>Role</th>
<th>Hourly Rate</th>
<th># of Hours</th>
<th># of Faculty</th>
<th>Proposed Program Fees</th>
<th>Requested Amount from Teva</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair</td>
<td>$250</td>
<td>20</td>
<td>1</td>
<td>$2,500</td>
<td>$1,000</td>
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</tr>
<tr>
<td>Faculty</td>
<td>$100</td>
<td>20</td>
<td>30</td>
<td>$60,000</td>
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<tr>
<td>Faculty</td>
<td>$100</td>
<td>20</td>
<td>2</td>
<td>$4,000</td>
<td>$2,000</td>
<td></td>
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</tr>
<tr>
<td>Peer Reviewer</td>
<td>$200</td>
<td>5</td>
<td>1</td>
<td>$200</td>
<td>$250</td>
<td></td>
</tr>
</tbody>
</table>

Updated 09.06.2016
Accreditation Details (Medical Education Only)

NOTE Regarding Accreditation Certificates: Please make sure that your current accreditation certificate is up to date (check your Profile to update your certificate). If you do not have a current accreditation certificate you may submit an additional document which details the review process and anticipated date of your accreditation certificate renewal to reflect the time period your accreditation covers for the grant submitted.
NOTE Regarding Authorized Signer: Please note that the person who you assign as the Authorized Signer will be the **ONLY** person who can log in with their email and see the LOI or LOA as well as *electronically sign the LOI or LOA*. The system will stamp the authorized signer’s signature with the signer’s IP address. This is the reason only the Authorized Signer can access the LOI or LOA for signature.

Updated 09.06.2016
Document Uploads

Document Uploads includes the following required documents:

- Question about current W9 upload.
- Question about current IRS Letter of Determination
- W9
- IRS Letter of Determination (501c3 only)
- Needs Assessment
- Learning Objectives
- List of Board of Directors (Patient Education only)
- Program Agenda
- Flier for Proposed Program
- Letter of Request
- Roles & Responsibilities Document (see the “HCP Grants FAQs” section on our website: www.TevaRequests.com for this document’s definition
- Accreditation Certificates (Medical Education only)

Medical Education

Letter of Request on Legal Letterhead: The letter of request should 1) be presented on the organization’s legal letterhead, 2) specify that the request is for support of an educational grant, 3) specify the total amount of funding being sought from Teva, 4) contain a summary description of the program, the date and venue of the program and 5) contain a legal signature. Note: it may be necessary for the organization to scan and upload the request letter for it to contain the legal signature.

Updated 09.06.2016
**Budget:** The budget document should be a detailed, itemized list of how Teva’s funds will be utilized for the program, if funding is granted. The supporting budget document should align with the budget entered in the online application.

**Needs Assessment:** A needs assessment is a short statement describing the unmet educational need that will be satisfied by this program and explaining how this need was determined (e.g., evaluations, literature, etc.). This document must include a list of references for any evaluations, literature, or any other bodies of work that are referenced within the needs assessment.

**Learning Objectives:** Learning objectives describe the goals of the program or the key learnings that attendees are expected to take away after participating in the program and that are measurable.

**Sample Invitation/Flyer:** A draft invitation/flyer with the actual program information should be uploaded or one from a previous program may be submitted. This is a required field, so if no invitation/flyer, please upload a document stating this.

For additional information regarding required documentation please visit our portal: [http://www.tevarequests.com/hcp-grants-required-documentation.html](http://www.tevarequests.com/hcp-grants-required-documentation.html)

**Patient Education**
The screen shot below depicts the required documentation for a Patient Education grant request:

For additional information regarding required documentation please visit our portal: [http://www.tevarequests.com/patients-grants-required-documentation.html](http://www.tevarequests.com/patients-grants-required-documentation.html)
Final Review/ Edit of Request

Once your request is completed, the last screen you will see is a review of all the information you have provided and enables you to review and edit before final submission to Teva.
Once your request is submitted, a screen will show: “Thank You, you have completed your request”.

PLEASE NOTE: You must click the “Proceed” (indicated in the screen shot below) button in order to formally submit your grant request. You will then see the grant request in your inbox. You will also receive an email notification confirming your submission.

Incomplete or un-submitted requests will remain in your Inbox on the Teva Request Management site with a status of “Not Submitted.”
This information should allow you to submit your request to the Teva Request Management System.

For any inquiries regarding the application process, please email: www.tevarequestmanagement@tevapharm.com or call: 800-961-3604.