

JOINT PROVIDERSHIP AGREEMENT

The Practice Transformation Institute will joint provide with:

Title:

Date:

Location:

	PTI will:	Joint Providership will:
1. Be directly involved in the educational activity from initial planning through implementation and evaluation.	<input type="checkbox"/>	<input type="checkbox"/>
2. Administer the budget of the activity by participation in the following fiscal agreement: A. Equal sharing of costs and benefits/losses. B. PTI assumes all financial costs and benefits/losses. C. Joint-provider assumes all financial costs and benefits/losses. D. PTI will provide up to \$1500 dollars for net actual, reasonable cost (after accounting for other revenues) attributable to modest honorarium(a), food and venue cost	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Determine objectives and content through joint planning.	<input type="checkbox"/>	<input type="checkbox"/>
4. Select presenter/content specialist through joint planning.	<input type="checkbox"/>	<input type="checkbox"/>
5. Design the evaluation form. (Sample will be provided with required fields.)	<input type="checkbox"/>	<input type="checkbox"/>
6. Insure that MSMS criteria for educational activities are met and provide certificates indicating contact hours earned by participants who meet attendance criteria.	<input type="checkbox"/>	<input type="checkbox"/>
7. Keep records as required by MSMS.	<input type="checkbox"/>	<input type="checkbox"/>
8. Participate in identification of learner needs	<input type="checkbox"/>	<input type="checkbox"/>
9. Assist in selection of the site.	<input type="checkbox"/>	<input type="checkbox"/>
10. Participate in designing the format/agenda.	<input type="checkbox"/>	<input type="checkbox"/>
11. Participate in identification of teaching strategies	<input type="checkbox"/>	<input type="checkbox"/>
12. Screen marketing literature before it is mailed	<input type="checkbox"/>	<input type="checkbox"/>
13. Assist with summarizing participant evaluation forms.	<input type="checkbox"/>	<input type="checkbox"/>
14. Assist with publicity.	<input type="checkbox"/>	<input type="checkbox"/>

Electronic Signature (e-Signature): You consent and agree that your use of a key pad, mouse or other device to select an item, button, icon or similar act/action while using any electronic service we offer; or in accessing or making any transactions regarding any agreement, acknowledgement, consent, terms, disclosures or conditions constitutes your signature, acceptance and agreement as if actually signed by you in writing. Further, you agree that no certification authority or other third party verification is necessary to validate your electronic signature; and that the lack of such certification or third party verification will not in any way affect the enforceability of your signature or resulting contract between you and PTI.

PTI Representative (Signature):	Joint Providership Representative (Signature):
PTI Representative (Print):	Joint Providership Representative (Print):
Date:	Date:

The cost of this program will be: