

Informed Participation Letter



Instructions

When accepting a gift of Continuing Education (CE), Continuing Medical Education (CME), or other educational activities on behalf of the University, complete this form and retain a copy for the department. Send a scanned copy of the completed form to [Gift Administration](#) via email. (CustSvc@ucsf.edu)

Continuing Education (CE)/Continuing Medical Education (CME)/Other Educational Activities Gift

Program:	
Date(s):	
Department/Unit:	
Donor Organization:	

This document serves as notification of certain obligations, restrictions and other unique features found within the aforementioned CE/CME/Other Educational Activities gift agreement between UCSF Regents or UCSF Foundation and (**Donor Organization**) _____.

Some examples of restrictions and unique features include requirement for return of unspent funds and requirement for reporting or reconciliation of spending.

By signing this document, the recipient and other associated individuals acknowledge they have read and understood their obligations and will abide by any restrictions or unique features found within this agreement.

Agreed and Accepted:

Department Recipient Signature

Print Name

Date