

Grant Request

Please submit completed request via email to: GrantRequests@TherapeuticsMD.com
(Please allow 6 to 8 weeks for review.)

Date of Submission:

Requestor's Name:

Position/Title:

Affiliation OR Institution:

Address:

Country:

Phone:

E-mail:

Type of Grant:

Educational or Scientific Grant (non-CME)

Medical Education (CME)

Corporate Sponsorship

Charitable Contribution

Other

Amount Requested:

All payments will be made in U.S.D.

Program/Event Date(s)
(If applicable):

Title of Program/Event:

Target Audience:

Estimated # of Attendees:

Description of Activity:
(Program, Research, Survey,
Event, etc.)

Explain Scientific Scope

Any other proposed financial
support (identify sources):

Certification:

The above information and any other supporting information attached is, to the best of my knowledge, a complete and accurate description of my/our request for scientific or educational support from TherapeuticsMD. For this activity, I understand that if the request is approved, TherapeuticsMD funding will be in the form of an educational or scientific grant and that my/our acceptance of the grant does not constitute a solicitation, receipt, offer, payment or remuneration for: 1) referring business payable under Medicare or Medicaid; or, 2) purchasing or ordering products or services payable under Medicare or Medicaid. Neither I nor my institution have been excluded by Health and Human Services or debarred by the U.S. Food and Drug Administration. Submission of this form and a signed Letter of Agreement does not guarantee approval of the request. Grants will be paid only after TherapeuticsMD Letter of Agreement is fully executed.

Name: *

Title: *

Date: *

ATTACHMENTS

- Course outline, agenda, or brochure, and/or project proposal
- Complete W-9 form
- Proof of non-profit status, if applicable
- Letter from provider certifying accreditation, if applicable
- Itemized budget
- Timeline
- Other

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