

Request Submission Instructions

To submit an application for a grant request, access the Request Management System at the following:
<https://webportalapp.com/sp/teva-grantrequest>

At the next screen, on the right-hand side of the screen, you may sign in with your user id (the email address you provided upon registering) and the password you selected (also selected during registration).



Sign In

Email

Password

By entering your username and password to access this system, you agree to the [Privacy Policy](#).

Log In

[Forgot your password?](#)

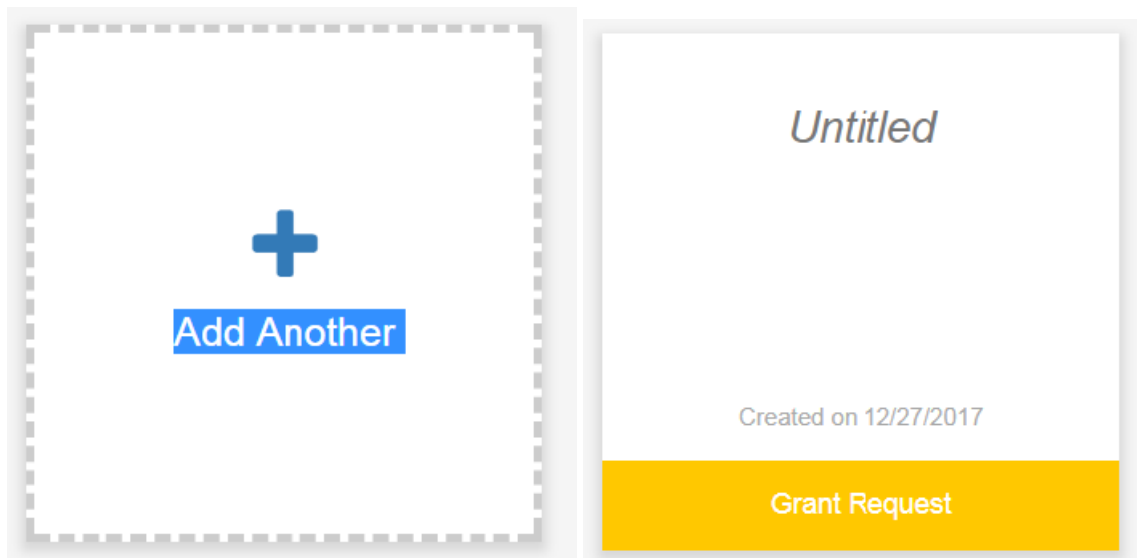
Need an Account?

Sign Up

If you have not yet registered in our system, you will need to select “Sign Up” for an account. Please see the Registration Instructions at: www.TevaRequests.com. Once your registration has been reviewed and approved, you will receive notification that you are now able to submit requests.

Once you have signed into the Request Management System, you will see your Home Page.

To begin an application, click “+Add Another”. You may submit multiple requests by clicking “+Add Another” each time you want to submit an application. When you return to this page, you will see more than one Submission Card.





The following sections must be completed as part of an application process. Please carefully review the instructions within each section to ensure the application is completed appropriately.

1. Request Type/General

Grant Request

Request Type/General

In Progress



If you have not started this section, please click the "Start Now" button to the right.

If you have already started this section, please click the "Pen & Paper" icon to the right to continue.

If you have completed the section and would like to view, please click the "Eye" icon to the right.

Following are the areas that need to be completed under the Request Type/General section:

Program Type

Therapeutic Area

Disease State

Program Title

Limit of 500 characters.

Program/Activity Description

Please include a summary in addition to attachment (Please note: See attached is not acceptable). Limit of 1000 characters.

Funding Decision Needed by Date:

This date must be at least 60 days from today's date

REQUEST INFO

Amount Requested from Teva

Total Program Budget

Anticipated Revenue from Registrations

Is this grant request in response to an RFP?

- ☐ Yes
- ☐ No

Needs Assessment Summary

Limit of 1000 characters

Competencies that will be achieved

Patient care

Medical knowledge

Practice-based learning

Select all that apply. Please hold down CTRL to select multiple competencies.

Are you partnering with an outcomes company?

- ☐ Yes
- ☐ No

How many Educational Objectives will you be including?

Educational Objectives are required. Character limit is 255 characters. Please upload one objective per file upload field.

Educational Objective #1

Educational Objective #2

Educational Objective #3

Educational Objective #4

Educational Objective #2

 Select a file



2. Delivery Formats

Click on “Start Now>” to begin the Delivery Formats section:

Delivery Formats

☐ Not Started

Start Now >

If you have not started this section, please click the "Start Now" button to the right.

If you have already started this section, please click the "Pen & Paper" icon to the right to continue.

If you have completed the section and would like to view, please click the "Eye" icon to the right.

Click on “+Add New Item” to access the Delivery Format section.

Please complete this form and save. Note that all required fields are marked with an asterisk.

You can save this as a draft and return later to complete by clicking "Save Draft" at the bottom of the page.

When you have completed this section, click the blue "Save" button at the bottom of the page.

Once you have clicked "Save" you will be redirected to the Submission Page.

You need to have a minimum of 1 item in this list in order to submit your entry.

Export .CSV + Add New Item

There are no items in this list.
It's lonely here! [Add some items.](#)

Delivery Format

Delivery Format Type:

Activity Type(s):

Geographic Reach:

of Speakers/Faculty Members

Please Provide a Description of Enduring Activity

(e.g. Journal Name, Website)

Release Date:

Expiration Date:

Venue

Country

City

State

Zip Code

Audience Generation Tactics:

Ex: Postal Mail, Email Blast

Ex: Postal Mail, Email Blast

Activity Start Date

Activity End Date

Audience

Are you applying for a Medical Education Grant or a Patient Education Grant?

Specialty:

Saved at 11:10:30 AM

Delete | [Save Draft](#) [Save](#)

Once the Delivery Format/Audience section is complete, click on the blue Save button and you will be taken back to the page where you may “+Add New Item” to add additional Delivery Formats as needed.

3. Accreditation Details

Accreditation Details

☐ Not Started

[Start Now >](#)

If you have not started this section, please click the "Start Now" button to the right.

If you have already started this section, please click the "Pen & Paper" icon to the right to continue.

If you have completed the section and would like to view, please click the "Eye" icon to the right.

Request Detail

Please answer the following questions and be sure to upload Accreditation Certificates that are relevant to the proposed educational activity/program in the document upload section. If your accreditation certification will expire within the time frame of your educational activity/program, please also upload an explanation of the current status in the re-accreditation process.

Is the Program Accredited?

- ☐ Yes
☐ No

Is your organization the accreditor of this program?

- ☐ Yes
☐ No

Please Select Accrediting Bodies

AANP
AAPA
ACCME
ACPE
ANCC

Please click CTRL to select multiple accreditations

Will you be working with a third party implementer/educational partner?

- ☐ Yes
☐ No

By checking this box, I certify that this program is accredited and all program elements will abide by the conditions set forth by the associated accrediting bodies.

☐ I certify

Save Draft

Save

Once the Accreditation Details section has been completed, click the blue Save button and you will be returned to the Home Page.

4. Planned Outcomes

Please carefully read the following guidelines in order to complete the Outcomes section.

Planned Outcomes

The grant applicant will select the highest outcomes level that will be measured. Levels 1, 2, and 3 will be mandatory for each medical education grant where "Medical Education Type" is equal to "Accredited Independent Medical Education" and "Non-Accredited Independent Medical Education", with the exception of "Fellowships". A description and example measurement method is provided based on definitions provided in the literature referenced. Additionally, reconciliation expectations for each level of outcomes will be provided to the requester.

I. Outcomes Information to be captured at grant submission phase:

User Instructions: The following table includes standard definitions of outcomes measurement currently employed to measure the impact of educational activities. A description and example measurement method is provided based on definitions provided in the literature referenced. Additionally, expectations for each level of outcomes reconciliation have been provided. Note: for a series of live programs, online and print activities or multi-component activities, at least quarterly reporting is required by way of uploading a status report.

Level 1: Participation, Level 2: Satisfaction, and Level 3: Knowledge are mandatory for any medical education grant requests, including both accredited and non-accredited independent medical education grant requests.

Beyond the mandatory outcomes measurements, you will be asked to indicate the highest outcome level that will be measured as part of this grant request. Note that you will be required to provide outcomes for each level below the highest level selected. For example, if you select a level 5 outcomes assessment, you will also be required to provide level 1-4 outcomes.

Level 1: Participation

Description: (ex: the number of learners in the educational activity)

Example Measurement Records (ex: Participant Records)

****You will be required to enter the actual number of U.S. learners for each audience group expected. If the actual number of learners is less than 80% of the expected number of learners, an explanation as to why the anticipated numbers of learners were not achieved will be required. In addition, you will be asked 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 each audience included in education. For online programs, participation should reflect anticipated "unique visitors" to the educational materials or individual US learners who participate in the education. You will be required to upload the full report of participation level outcomes. Report Expectations: The full report should contain demographic details of educational program participants by specific format of education. Additionally, if the report included online programs, you will need to provide a definition of "unique visitor".****

Level 2: Satisfaction

Description (ex: the degree to which the expectations of the learners about the setting and/or delivery of the educational activity were met.)

Example Measurement Method (ex: questionnaires completed by learners after an educational activity.)

****The measures used for Level 2 capture the essence of general satisfaction items assessed and will allow for entry of items captured across different Likert scales. You will be required to enter the total number of responses for each satisfaction item, select which scale was used for assessing satisfaction and enter details regarding the results of each satisfaction item assessed. You will be required to upload a full report of satisfaction level outcomes. This report should contain demographic details of the learners who completed the questionnaire, as well as a report of findings related to satisfaction with key elements of the educational program.****

Level 3: Knowledge

Description: (ex: 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.)

Example Measurement Method (ex: Pre- and post-tests of knowledge; self-report of knowledge)

You will be required to enter the number of respondents to a knowledge test, average scores to the knowledge tests and the standard deviation of the two groups (either pre/post or post/control). NOTE: All data reported should reflect results from the learners' first attempt to take the knowledge test. You will be required to upload a full report with details regarding the methodology of assessment, demographic details of the sample of learners who completed the assessment, and findings related to knowledge and awareness of how the overall educational objectives were met.

5. Budget Form 1

Please read all instructions carefully in order to fully complete the Budget Form section.

Budget Form 1

☐ Not Started

[Start Now >](#)

If you have not started this section, please click the "Start Now" button to the right.

If you have already started this section, please click the "Pen & Paper" icon to the right to continue.

If you have completed the section and would like to view, please click the "Eye" icon to the right.

Budget Information

Please complete the following budget items associated with the educational program for which you are requesting funds. 1. Please provide the detailed budget information for the entire program as well as specific budget items being requested from Teva. The review process of each request includes all budget components of the program. 2. Please include a brief explanation of the line item in the "Comments" section under the budget line. 3. Please complete the Honoraria section in its entirety, even if you are not requesting support from Teva for Honoraria.

Account & Activity Management

Proposed Program Fees

\$

Requested Amount from Teva

\$

Comments

Audience Generation Management

Proposed Program Fees

Requested Amount from Teva

Comments

Conference Slot Fee

Proposed Program Fees

Requested Amount from Teva

Comments

Accreditation Fees

Please provide total proposed program accreditation fees and amount requested from Teva.

Proposed Program Fees

Requested Amount from Teva

Comments

Content Development

Proposed Program Fees

Requested Amount from Teva

Comments

Faculty and Staff Travel

Please provide total proposed program faculty and staff travel costs and amount requested from Teva. If you have any questions regarding expense guidelines, please reference our Resource Guide at www.tevarequests.com under the Submission Process section. Note, faculty expenses associated with non-accredited activities are reportable under Open Payments. As such, if this request is supported, you will be required to provide certain information regarding faculty and their travel expenses.

Faculty Airfare

Cost per Unit

of Units

of People

Proposed Program Fees

Requested Amount From Teva

Comments

Faculty Mileage Reimbursement

Cost per Unit

\$

of Units

of People

Proposed Program Fees

\$

Requested Amount From Teva

\$

Comments

Faculty Transportation

Cost per Unit

\$

of Units

of People

Proposed Program Fees

\$

Requested Amount From Teva

\$

Comments

Faculty Hotels

Cost per Unit

\$

of Units

of People

Proposed Program Fees

\$

Requested Amount From Teva

\$

Comments

Faculty Meals

Cost per Unit

\$

of Units

of People

Proposed Program Fees

\$

Requested Amount From Teva

\$

Comments

Staff Airfare

Cost per Unit

\$

of Units

of People

Proposed Program Fees

\$

Requested Amount From Teva

\$

Comments

Staff Mileage Reimbursement

Cost per Unit

\$

of Units

of People

Proposed Program Fees

\$

Requested Amount From Teva

\$

Comments

Staff Transportation

Cost per Unit

\$

of Units

of People

Proposed Program Fees

\$

Requested Amount From Teva

\$

Comments

Staff Hotel

Cost per Unit

\$

of Units

of People

Proposed Program Fees

\$

Requested Amount From Teva

\$

Comments

Staff Meals

Cost per Unit

\$

of Units

of People

Proposed Program Fees

\$

Requested Amount From Teva

\$

Comments

Other

Cost per Unit

\$

of Units

of People

Proposed Program Fees

\$

Requested Amount From Teva

\$

Comments

Fellowship

Please provide total proposed fees and amount requested from Teva associated with your fellowship request. If support is awarded, the teaching Institution receiving the grant will be reported per Open Payments.

Salary

Proposed Program Fees

\$

Requested Amount from Teva

\$

Comments

Benefits

Proposed Program Fees

\$

Requested Amount from Teva

\$

Comments

Indirect Costs

Proposed Program Fees

\$

Requested Amount from Teva

\$

Comments

Travel

Proposed Program Fees

\$

Requested Amount from Teva

\$

Comments

Meeting Registration

Proposed Program Fees

\$

Requested Amount from Teva

\$

Comments

Meals

Proposed Program Fees

\$

Amount Requested from Teva

\$

Comments

Budget Form 2

Budget Form 2

☐ Not Started

Start Now >

If you have not started this section, please click the "Start Now" button to the right.

If you have already started this section, please click the "Pen & Paper" icon to the right to continue.

If you have completed the section and would like to view, please click the "Eye" icon to the right.

Budget Information Continued

Please provide total proposed costs and amount requested from Teva associated with attendee food and beverages. If you have any questions regarding expense guidelines, please reference our Resource Guide at www.tevarequests.com under the Submission Process Section. It is Teva's position that all attendee food and beverages are reportable under Open Payments, regardless of size of activity or method of service (including buffet, boxed, plated meals, etc.). If this request is supported, you will be required to provide certain attendee information regarding received food and beverages.

Attendee Meals

Note: All costs must include tax + tip

Breakfast

Cost per Meal

\$

Total # of Meals

Total # of People

Proposed Program Fees

\$

Requested Amount From Teva

\$

Comments

Lunch

Cost per Meal

\$

Total # of Meals

Total # of People

Proposed Program Fees

\$

Requested Amount From Teva

\$

Comments

Dinner

Cost per Meal

\$

Total # of Meals

Total # of People

Proposed Program Fees

\$

Requested Amount From Teva

\$

Comments

Breaks/Snacks

Cost per Meal

\$

Total # of Meals

Total # of People

Proposed Program Fees

\$

Requested Amount From Teva

\$

Comments

Other

Total # of Meals

Total # of People

Proposed Program Fees

\$

Amount Requested from Teva

\$

Comments

Meeting Logistics

Proposed Program Fees

\$

Amount Requested from Teva

\$

|

Comments

Outcomes

Proposed Program Fees

Amount Requested from Teva

Comments

Production & Shipping

Please provide total proposed program fee and amount requested from Teva for each line item associated with the type of delivery format selected (live, web activity, enduring, etc.). Note: Teva will not support costs associated with website development. Support may be provided for web page development, hosting and maintenance.

Web

Development

Proposed Program Fees

Amount requested from Teva

Comments

Hosting

Proposed Program Fees

\$

Amount Requested from Teva

\$

Comments

Maintenance

Proposed Program Fees

\$

Amount Requested from Teva

\$

Comments

Audience Generation

Proposed Program Fees

\$

Amount Requested from Teva

\$

Comments

Design, Printing and Production

Proposed Program Fees

Amount Requested from Teva

Comments

6. Document Upload

Document Upload

☐ Not Started

Start Now >

If you have not started this section, please click the "Start Now" button to the right.

If you have already started this section, please click the "Pen & Paper" icon to the right to continue.

If you have completed the section and would like to view, please click the "Eye" icon to the right.

Documents Upload

- Documents of the following type may be uploaded: .doc, .docx, .pdf, .pptx, .rft, .txt, .xls, .xlsx
- An asterisk (*) indicates a required field
- Please ensure that the Roles & Responsibility Document uploaded includes a clear breakdown of the hourly cost for honoraria for each faculty member.
- For a complete list of document descriptions please visit www.tevarequests.com

Is the current W-9 in your profile up to date?

- ☐ Yes
- ☐ No

Letter of Request

Looking for ydgfjh

+ Select a file

?

Detailed Agenda

+ Select a file

?

Detailed Budget**Needs Assessment****Invitation/Flyer (for current request)****Learning Objectives****Outcomes Measurement Plan****List of Board of Directors (for Patient Education requests only)**

Authorized Signer and Payee

Authorized Signer First Name**Authorized Signer Last Name****Authorized Signer Email Address****Make Check Payable to:****Attention to:**

Street Address:

City:

State

Zip

Save Draft

Save

7. Grant Request Submission

Once all sections are completed, the "Submit" button will turn green and you will be able to fully submit your application. **Please Note:** Your application will not be fully submitted until the green "Submit" button is selected; your application will stay "In Progress" until the green "Submit" button is clicked.

Grant Request Submission

When you have completed every section, the "Submit" button to the right will become green and clickable. Your application is not fully submitted until you click the green "Submit" button.



Submit