

Grant 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).



Submitting an Independent Medical or Patient Education Grant Request

(Please note: you must be registered to submit a request. To register click the Sign Up button under "Need an Account?".)

When submitting a request you will be directed through an electronic process that includes instructions and help options. Please ensure that you complete each required field. Should Teva need additional information, you will receive notification from the system via email. Communications regarding your request will be sent to the e-mail address you provided upon registration. You may want to verify that you submitted the correct email address upon registration.

Teva will complete a thorough review of all requests. Please note that submission of a request does not mean that Teva has agreed to provide support. Funding decisions are made only after a review of your complete proposal. You will be notified of our decision via email.

Reviewing Request Status

In your "Inbox" you can view the status of all requests submitted to date. The status of each application is updated regularly as the status changes. By clicking on the "question mark" icon next to the status bar you can find further clarification.

Executing an Agreement

If you have been indicated as the Authorized Signer of a funding request submitted by another Requestor, you may access the Authorized Signer role by clicking the "Role Select" link to the right of "My Actions" link. A page will display where you can change your role to Authorized Signer.

If a Letter of Independence (LOI)/Agreement (LOA) is awaiting your review and approval, you will find a link in the Action Required column of the Inbox.

Thank you.

Sign In

Email

Password

Log In

[Forgot your password?](#)

Need an Account?

Sign Up

Log In

Forgot your password?

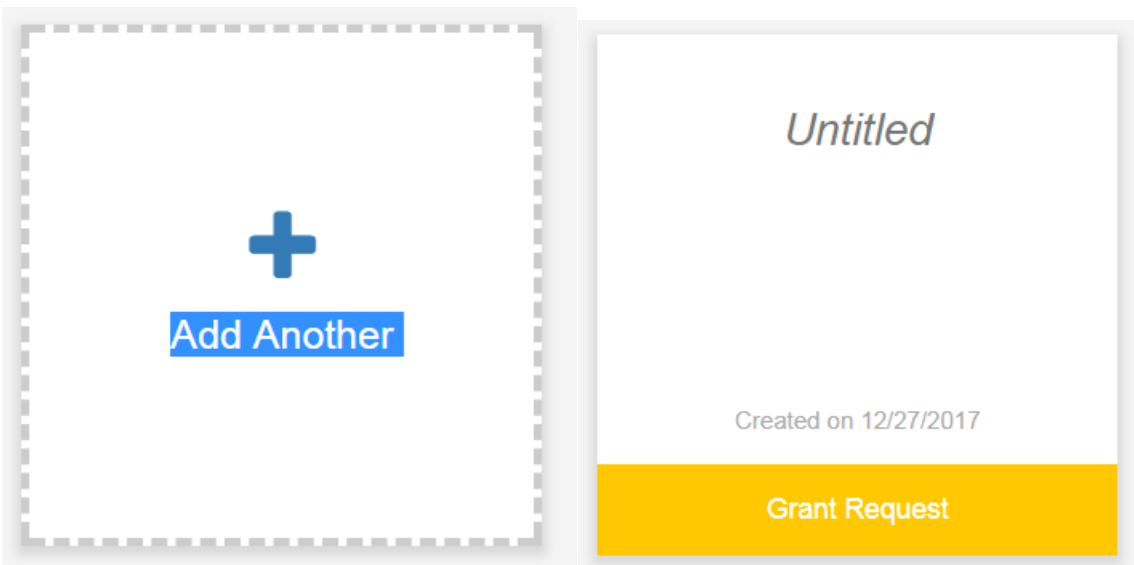
Need an Account?

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
2. Delivery Formats
3. Accreditation Details
4. Honoraria
5. Budget Form 1
6. Budget Form 2
7. Planned Outcomes & Document Upload (+ Authorized Signer and Payee Info)

Updated 11/25/24

Created 2/1/18

8. 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.

Complete each section and all required fields within them. You can save as draft and return to finish later - be sure to hit the blue save button when you finish each section. The system will show the status of each section – complete, not started, in progress. You can return to each section and view (use the eye icon) or edit (use the paper & pen icon).

You will not be able to submit the request (the submit button at the end will not turn green) until the request is completed. If a required field is not applicable, type in N/A.

The screenshot displays a vertical list of four sections, each with a title, status, and a 'Start Now' button. The sections are:

- Delivery Formats**: Status is 'Complete' (green checkmark). A right-pointing arrow icon is visible.
- Accreditation Details**: Status is 'Not Started' (grey circle). A 'Start Now >' button is visible.
- Honoraria**: Status is 'In Progress' (yellow circle). A right-pointing arrow icon is visible.
- Budget Form 1**: Status is 'In Progress' (yellow circle). View (eye) and edit (pen & paper) icons are visible.

Each section contains the following text:

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 "Arrow" icon to the right.

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

+ 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: *

Gen Support Congresses/Conferences/Meetings ▼

Activity Type(s): *

Live ▼

Geographic Reach: *

of Speakers/Faculty Members *

Please provide a brief description of the activity. *

Activity Start/Release/Launch Date: *

MUST be within the overall Program Dates entered on the previous form.

Activity End/Expiration Date: *

* Activity End/Expiration Date MUST be equal to or later than Start/Release/Launch date.

* MUST be within the overall Program Dates entered on the previous form.

Venue (url; journal name; congress name; activity title; if live meeting hotel, restaurant, etc.) *

City *

State *

Country *

For the Delivery Format first choose the format type from the dropdown (journal, monograph, symposium, etc.), then choose the activity type from the drop down (live, web, or print). You can select **one** activity type per Delivery Format entered. There is no limit for how many activities (delivery formats) you can submit per request. Here are all the combinations of delivery format and activity types available in the drop downs.

- Delivery Format: Monograph - Activity Type: Print, Web
- Delivery Format: Journal Supplement - Activity Type: Print, Web
- Delivery Format: Newsletters - Activity Type: Print, Web
- Delivery Format: Print - Activity Type: Print
- Delivery Format: Gen Support Congresses/Conferences/Meetings - Activity Type: Live, web
- Delivery Format: Symposium - Activity Type: Live
- Delivery Format: Continuing Professional Development - Activity Type: Live, Print, Web
- Delivery Format: Grand Rounds - Activity Type: Live
- Delivery Format: Meeting Series – Activity Type: Live, Web
- Delivery Format: Web Simulcast - Activity Type: Live

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- Delivery Format: Webinar - Activity Type: Live
- Delivery Format: Audio Program - Activity Type: Live, Web
- Delivery Format: Patient Simulation/Virtual Reality - Activity Type: Web, Live
- Delivery Format: Mobile Application Development - Activity Type: Web
- Delivery Format: Web Activity (Stand-alone web activity/developed for web) - Activity Type: Web
- Delivery Format: Web Posting/Archive (Previously recorded activity/e.g. Video Archive) - Activity Type: Web
- Delivery Format: Patient Education Program – Activity Type: Live, Web, Print
- Delivery Format: Fellowship – Activity Type: Live
- Delivery Format: Other – Activity Type: Live, Web, Print

Audience

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

Category of Credit *

Credit Hours *

invitations expected to be distributed *

Zeros are acceptable in case non-accredited

expected learners *

Zeros are acceptable in case non-accredited

learners expected to receive credit *

Zeros are acceptable in case non-accredited

Audience Generation Tactics: *

Ex: Postal Mail, Email Blast

Saved at 3:39:06 PM

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.

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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.

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Created 2/1/18

4. Honoraria

[Homepage](#) > [Untitled](#) > Honoraria Listing

Please click "+Add New Item" to add a new Honoraria to your request.

If you have not completed a Honoraria entry, the status will show as "Incomplete." Please click the "Pen & Paper" icon to the right to complete the entry. If you have completed the entry you can click the "Eye" icon to the right to view, and your status will now show as "Complete."

All entries must be marked as complete to fully submit your request.

Please click the blue linked Title next to "Honoraria Listing" below to return to the Submission Section. Or click [here](#).

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.](#)

Click on "+Add New Item" to access the Honoraria section.

Honoraria

Please provide the hourly rate and the total number of hours required of faculty towards the development and execution of the educational activity/program. The number of hours should take into account the time dedicated to the preparation, review and actual presentation. Flat rate fees will result in a Request for Additional Information and may delay processing. Honoraria associated with non-accredited activity/program is reportable under Open Payments. If this request is supported, you will be required to provide certain information regarding the honoraria payments.

NOTE: Teva grant funding can only be used to pay honoraria for faculty, speakers, and peer reviewers, and payment to standardized patients.

Role *

- Chair
- Co-Chair
- Faculty
- Peer Reviewer
- Standardized Patient

Rectangular Snip

Credentials *

For example: M.D., Ph.D., etc.

Hourly Rate *

Number of Hours *

Number of People *

Proposed Program Fees (\$)

Requested Amount From Teva *

Breakdown of roles and hours *

--

Delete

Save Draft

Save

Updated 11/25/24
Created 2/1/18

Once the Honoraria 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 Honoraria as needed.

5. Budget Form 1

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

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

If this is a fellowship, answer "yes" to "Are you applying for a Fellowship" and fill out the Fellowship request form.

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

6. 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.

Check yes for each activity type you entered -web, print, live. Then enter budget details on the delivery formats for your activities.

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

Web activities include: Monograph, Journal Supplement, Newsletters, Gen Support Congresses/Conferences/Meetings, Continuing Professional Development, Meeting Series, Audio Program, Patient Simulation/Virtual Reality, Mobile Application Development, Web Activity (Stand-alone web activity/developed for web), Web Posting/Archive (Previously recorded activity/e.g. Video Archive), Patient Education Program & Other.

Will you be entering web activities? *

- Yes
- No

Print

Print activities include: Monograph, Journal Supplement, Newsletters, Print, Continuing Professional Development, Patient Education Program, Other

Will you be entering print activities? *

- Yes
- No

Live

Live activities include: Gen Support Congresses/Conferences/Meetings, Symposium, Continuing Professional Development, Grand Rounds, Meeting Series, Web Simulcast, Webinar, Audio Program, Patient Simulation/Virtual Reality, Patient Education Program, Fellowship, Other

Will you be entering live activities? *

- Yes
- No

Save Draft

Save

For example, checking 'Yes' to web activities opens all the delivery format options for web activities so you can fill in the appropriate ones. See example below:

Web

Web activities include: Monograph, Journal Supplement, Newsletters, Gen Support Congresses/Conferences/Meetings, Continuing Professional Development, Meeting Series, Audio Program, Patient Simulation/Virtual Reality, Mobile Application Development, Web Activity (Stand-alone web activity/developed for web), Web Posting/Archive (Previously recorded activity/e.g. Video Archive), Patient Education Program & Other.

Will you be entering web activities? *

- Yes
- No

Monograph

Proposed Program Fees *

Requested Amount from Teva *

Requested Amount from Teva should NEVER exceed the Proposed Program Fees

Comments *

Journal Supplement

Proposed Program Fees *

Requested Amount from Teva *

Requested Amount from Teva should NEVER exceed the Proposed Program Fees

Comments *

Newsletters

Proposed Program Fees *

Requested Amount from Teva *

Requested Amount from Teva should NEVER exceed the Proposed Program Fees

Comments *

Gen Support Congresses/Conferences/Meetings

Proposed Program Fees *

Requested Amount from Teva *

Requested Amount from Teva should NEVER exceed the Proposed Program Fees

Comments *

7. Outcomes and Document Upload

OUTCOMES OVERVIEW:

Please ensure you are prepared to provide the information requested at reconciliation before entering your request. Please refer to the Budget and Outcomes Reconciliation instructions found on the resource portal at: www.TevaRequests.com.

Budget and final outcomes reconciliation will be required 60 days after the last activity ends.

INTERIM OUTCOMES:

We do ask for interim outcomes on actual number of participants to be entered into the RMS as follows:

- For live programs – actual number of participants must be reported 30 days post launch for each live activity; final outcomes are due 60 days post initiative expiration (Participation data for a single live activity may be reported up to 60 days post activity).
- For web programs – actual number of participants must be reported at 30 days post launch and at 60 days post launch; final outcomes are due 60 days post initiative expiration

For all initiatives, final outcomes are due 60 days after the last activity ends. The RMS will send email reminder requests for interim and final outcomes.

OUTCOMES INFORMATION NEEDED AT GRANT SUBMISSION:

- 1) First choose the highest outcomes level the program will achieve from the drop down. You will be required to complete information for each level below the highest outcomes chosen.
- 2) For each level of outcomes, select the methodology you will be using to assess your outcomes: quantitative, qualitative, or mixed. For Level 1 the system default is quantitative and is not editable.
- 3) For each level of outcomes, provide a brief description or example of your data source. Examples are provided for each outcome level in the RMS. See screen shot below.

What is the highest outcomes Level achieved for this Program? *

- Level 1
- Level 2
- Level 3
- Level 4
- Level 5
- Level 6
- Level 7

L1 Participation: Moore's Level 1

Description: The number of learners who participated in the educational activity

Example of Data Source: Participant Registration & Attendance

Please choose method for Level 1: *

- Quantitative

Provide 1 Example: *

L2 Satisfaction: Moore's Level 2

Description: The degree to which the expectations of the learners about the setting and/or delivery of the education were met.

Example of Data Source: Questionnaires completed by learners after an educational activity

Please choose method for Level 2: *

- Quantitative
- Qualitative
- Mixed Methods

Please add a further description and example: *

L3a Declarative Knowledge: Moore's Level 3a/Miller's Framework – Knows

Description: The degree to which learners state what the educational activity intended them to know

Example of Data Source: Pre- and post-tests of knowledge

Please choose method for Level 3a: *

- Quantitative
- Qualitative
- Mixed Methods

Please add a further description and example: *

DOCUMENT UPLOAD:

Documents of the following type may be uploaded: .doc, .docx, .pdf, .pptx, .rft, .txt, .xls, .xlsx

For a complete list of document descriptions please visit www.tevarequests.com.

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

?

Detailed Agenda

?

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 INFORMATION:

Please ensure the authorized signer information and email is correct, this is where the system will send the LOI/LOA for signature.

Please ensure the payee information is correct, this is to whom and where the grant funds payment will be sent.

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

8. 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.

