

# CIBA VISION®

## Educational Grant Approval Process

ARBO / COPE Administrator Training Workshop

Chicago, Illinois, May 9, 2008

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# Educational Grant Approval Process

CIBA VISION believes it is important for eye care professionals to be up-to-date and current with all new developments in the contact lens and lens care fields. Our educational grants process supports this goal and helps support the optometric profession.



- Educational grant requests are submitted to the CIBA VISION Professional Services Department
- Grant requests are reviewed by the appropriate individual within the Professional Services team
  - Educational and State and Regional – Director of Professional Relations
  - National – Vice President of Professional Services
- Requests are reviewed for applicability to the contact lens and lens care field
  - Submission should have some relevancy to the contact lens and lens care industry; which could include complications associated with contact lenses and lens care or specialty contact lens fittings
  - Submission should have some relevancy to current CIBA VISION goals and objectives

- Proposed grants are submitted as part of Annual Budget Process and approved by N.A. President
- Requests for support are compared to historical support records
  - Review of effectiveness of previous programs
- Final approval is done within the Novartis Financial Authorization Levels (FAL) following the guidelines for Donations and Sponsorships



- Internal Notification of Sponsorship

- Sales Organization

- ASD/ RSD/ Vice President of Sales

- Strategic Events and Tradeshow

- Following the event

- Feedback from CIBA VISION personnel attending the meeting is provided to Strategic Events and Tradeshow

- Data entered into the database

# GRANT REQUEST FORM PROFESSIONAL ASSOCIATION

**GRANT REQUEST AMOUNT:** \$ \_\_\_\_\_

- Professional Association Tax ID #: \_\_\_\_\_
- Professional Association Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_
- State: \_\_\_\_\_
- Zip: \_\_\_\_\_
- Contact Person: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Fax: \_\_\_\_\_
- Email: \_\_\_\_\_

## EDUCATIONAL EVENT

- Event Name: \_\_\_\_\_
- Event Date: \_\_\_\_\_
- Event Venue: \_\_\_\_\_
- Event Address: \_\_\_\_\_
- Event City: \_\_\_\_\_
- Event State: \_\_\_\_\_
- Event Zip: \_\_\_\_\_

## EVENT DESCRIPTION

- Audience Type (OD, MD, MCLE): \_\_\_\_\_
- Audience Size: \_\_\_\_\_
- Educational Purpose: \_\_\_\_\_
- Educational Topics: \_\_\_\_\_
- Explanation: \_\_\_\_\_
- CIBA VISION Manager Approval:** \_\_\_\_\_

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