# Olympus Grants Registration Guide

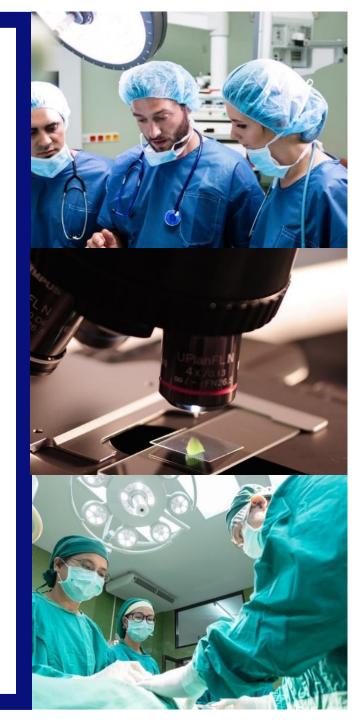
How to Create a User Account in the Olympus Grants Request Management System

Olympus Corporation of the Americas

**OCA Grants Administrators** 

January 2018





### Welcome to the Olympus Grants Request Management System

- The <u>Olympus Grants Request Management System</u> accepts grant applications for eligible healthcare and microscopy events taking place in the Americas and/or events coordinated by organizations based in the Americas.
- In order to access our system, you must create a user account. Only registered users can submit grant requests. This Registration Guide provides step-by-step instructions to create your account.
- In January 2018, the Olympus Grants Request Management System was upgraded to accept grant applications from Latin America. In order to submit requests, users of our previous Latin American grants portal must create a new user account in our upgraded system. (We were unable to transfer data from our previous portal.)
- Before submitting a request, review our program website for detailed information about the types of support we offer, additional eligibility requirements and an overview of the application process. For step-by-step instructions for creating a request in our system, download our <u>Application Guide</u>.
- Applications must be submitted at least 60 *calendar* days before your event start date.
- Olympus sales and marketing personnel are not permitted to participate in the grants process and will not have any information regarding the status of your request. Please direct all grant inquiries to OCA Grants Administrators. Thank you.

OCA Grants Administrators 484-896-3939 | ocagrants@olympus.com

### System Functionality Notes

- Use Internet Explorer or Google Chrome to access our site
- In order to view important on-screen messages, pop-up windows must be enabled. To learn how to turn off your pop-up blocker, click your browser's name: <u>Internet Explorer 11</u> | <u>Google Chrome</u> | <u>Safari (iOS)</u>
- To avoid losing your work, do not use your browser's "Back" button. Use the Back and Proceed arrow buttons at the bottom of each page to move within the registration and application screens.

### **OLYMPUS**

# **Getting Started**

To create a user account, begin by selecting your Preferred Language, then click Register.

U.S./Canadian Requestors: You must select English. Requests submitted in other languages will not be accepted.

Latin American Requestors: You may select English, Spanish or Portuguese.



# **Search for Your Organization**

Type a keyword from your Organization's legal name, then click **Search**.

#### My Account > Organization Information

#### Registration

To create a new user account, use the search fields below to find your organization in our system. (You must click "Search.")

- If your organization is in our system, select the entry that has the correct address for your department/location, review/update your organization's information, and complete the required fields to create your account.
- If your organization is not in our system OR none of the entries found have the correct address, click "Add a New Organization." For a list of the information and documents you'll need in order to add your organization, please review our **Registration Checklist**.

Helpful tips:

- · Registration must be completed in a single session.
- For step-by-step instructions, please download our <u>Registration Guide</u>.
- To move between pages, click on the Back and Proceed buttons at the bottom of the page. Do not click on the tabs.

#### Please Note

Any grant request submitted by a user who has provided incomplete or inaccurate registration information will be deemed **ineligible** and may require complete resubmission in order to be considered by the OCA Grants Committee.

#### Updating Your Account

If you've already registered and need to update your organization or user profile, return to our <u>home page</u>, log in with your email address and password, then click on **My Account** to view and update your information.

Make any required changes below and click **Save** next to the blue disk. If you need to change information that is grayed out and can't be edited, please contact OCA Grants Administrators at 484-896-3939 or <u>ocagrants@olympus.com</u>.

To update your name, contact information, password, or preferred language, click on the User Information tab below.

Organization Information Organization A	Address       User Information       Compliance Commitment         Address       User Information       Compliance Commitment
a keyword from your nization's name then click <b>Search</b> .	Instructions: To determine if your organization already has a profile saved in our system, environment of your organization Legal Name Country Tax ID Tax
	Organization Legal Mayo ×

### **Review Your Search Results**

Review the list of Organizations found to determine if any of them are yours.

### > If there's a potential match, click on the radio button (white circle) in the Select column and proceed to Page 6.

To un Co Ta Or	structions: determine if your organization alr ique keyword from your Organizat puntry		aved in our sys	stem, enter you	ır Tax ID or a	If a poter match is radio butt the Selec this Orga	s found on (wh t colun	d, cl ite c nn to	ick the sircle) in p review
Results	search	(		1			ļ		TIP - If Next > is
Organization Legal Name	Address Line 1	Address Line 2	Country	City	State/Province	Postal Code	Select		in <b>bold</b> , there are
Mayo Clinic Arizona	13400 East Shea Boulevard	Medical Education	United States	Scottsdale	AZ	85259	0	/	additional matche
Mayo Clinic	200 First Street SW- Plummer 2-60		United States	Rochester	MN	55905	0		on the next page Click to view.
Mayo Clinic Jacksonville	4500 San Pablo Road	Stabile 790N	United States	Jacksonville	FL	32224		r	
						< Previou	s Next >		

If there are no matches, search again using a different search term or Tax ID. If there are still no potential matches, click Add a New Organization and proceed to Page 9.

Organization Information Organization A	ddress User	Informatior	n Compliance Commitment	
			ization already has a profile saved in our system, enter your Tax ID or a Organization Legal Name	
	✓			
	Tax ID	[		
		with that Ta	ax ID or Organization Legal Name has registered an account in the e 'Add a New Organization' button below to create a new registration	
	🔍 Search			
🐈 Add a New Organization ┥			<b>matching Organization is found,</b> search again using another keyword or Tax ID number. If there is still no match, click "Add a New Organization."	

# **Review a Potential Organization Match**

After you click the radio button in the Select column, the system will display additional details about the Organization you picked. Review the Organization entry carefully (especially the Tax ID) to ensure this is your correct Organization.

	Results							
	Organization Legal Name	Address Line 1	Address Line 2	Country	City	State/Province	Postal Code	Select
	Mayo Clinic Arizona	13400 East Shea Boulevard	Medical Education	United States	Scottsdale	AZ	85259	0
	Mayo Clinic	200 First Street SW- Plummer 2-60		states	Rochester	MN	55905	۲
	Mayo Clinic Jacksonville	4500 San Pablo Road	Stabile 790N	United States	lacksonville	FL	32224	0
			1				< Previou	s Next >
your country's federa Are you part of a Organization Typ	ganization's legal name as registered w al government. a larger parent organization?	ith	United State 41-6011702 Mayo Clinic Yes  No Community I	Hospital	2	Image: Constraint of the second secon	rogram red ompliance erformanc eparately i nd similar rganization	, Olyn e of d for un multi-
	mission of your organization. Ias a specific expertise, please list it he	re.	well-being by	providing the h integrated c	ute to health and best care to ever linical practice,		o ensure lease sele rganizatio our speci	ect an on en
	Signed W-9 form I blank W-9 form. Ined and dated within the last two years	L.	(View Upload	ed W-9 Form	Browse	0		
Organization's IF	RS Determination Letter		(View Upload	ed IRS Deter	Browse	] <b>@</b> )		<b>es</b> and will ha
select an existing org matches your departi address. If applying o	nultiple departments or locations - Pleas ganization entry only if the address sho ment/location's current (or recent past) on behalf of a department/location with ok "Add a New Organization" to provide	wn a	⊖Yes ⊖No		e address		opportu update Address	e) the
Cancel		shown does location's curre		past) ad	ldress, clic	k		

Add a New Organization and turn to Page 9.

### **OLYMPUS**

### **Review Organization Address**

Review the Organization Address one more time to ensure that you have selected the correct Organization. If the Address listed does not reflect the current (or recent past) address of your specific department or location, click the Back arrow and select "Add a New Organization on the previous page."

#### My Account > Organization Address

#### Registration, continued

In the fields below, please provide your organization's official address OR confirm the address shown.

- For organizations with more than one address (such as universities, hospitals and national organizations with regional chapters), provide the
  address for your specific department or location. Post office boxes are not accepted.
- Within each individual grant application, you will have the opportunity to provide different "ship to" addresses for grant payments (checks) and product/equipment deliveries, as needed.

Also, please indicate (or confirm) if your organization is accredited:

- · Select "Yes" if your organization is an accredited provider of continuing education credit.
- · Select "No" if your organization must partner with an accredited provider in order to present courses for continuing education credit.

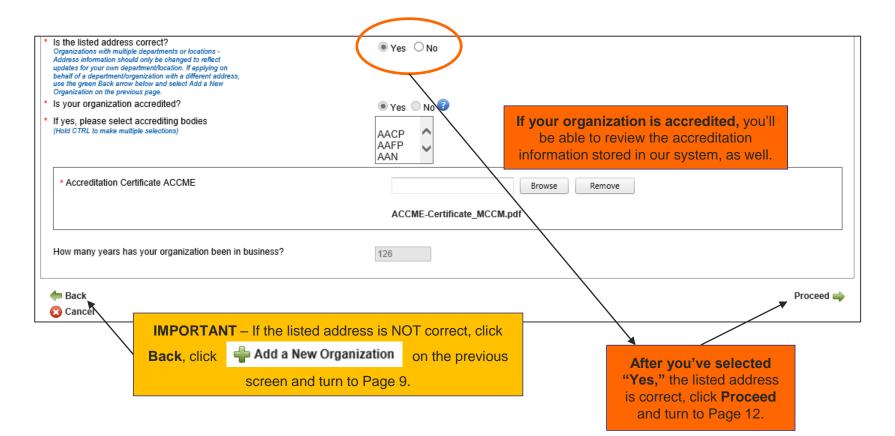
#### Updating Your Account, continued

Make any required changes and click Save next to the blue disk (below).

Organization Information Organization Address User Information	ion Compliance Commitment	
* Organization Legal Name	Mayo Clinic	
* Address Line 1 Organizations with multiple departments or locations - Address should reflect your specific department/location. PO Boxes not accepted.	200 First Street SW- Plummer 2-60	
Address Line 2		
* City	Rochester	
* State/Province	MN 🗸	If the address shown doesn't
* Postal Code	55905	match your department/
Phone	(507)284-8399	location's current (or recent
Website URL	ce.mayo.edu	past) address, STOP. Click the
* Is the listed address correct? Organizations with multiple departments or locations -		Back arrow, click "Add a New
Address information should only be changed t updates for your own department/location. If a behalt of a department/organization with a diff use the green Back arrow below and select A Organization on the previous page.	address is a recent past	Organization" on the previous screen and turn to Page 9.
department/location's current address.	department/location that needs to be updated.	Screen shot continued on next page
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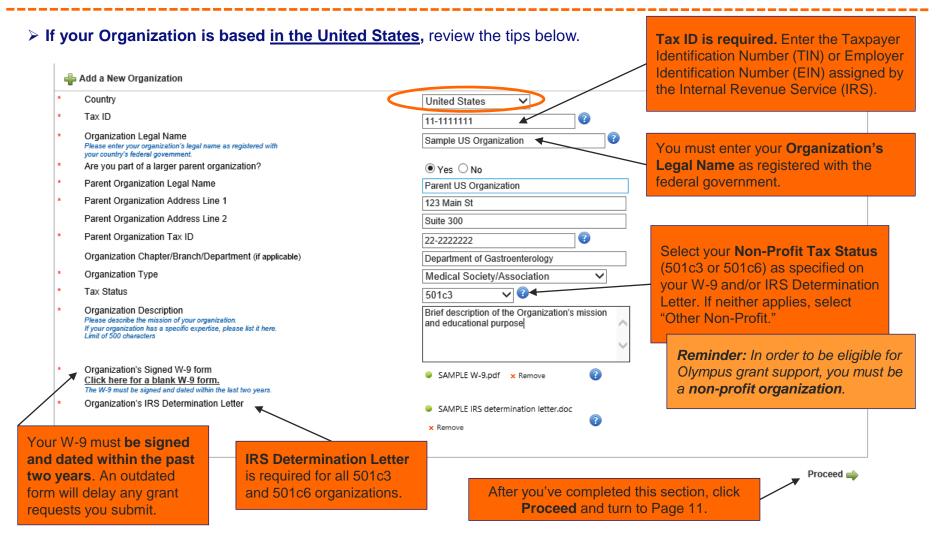
### **Review Organization Address, cont.**

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# Add a New Organization

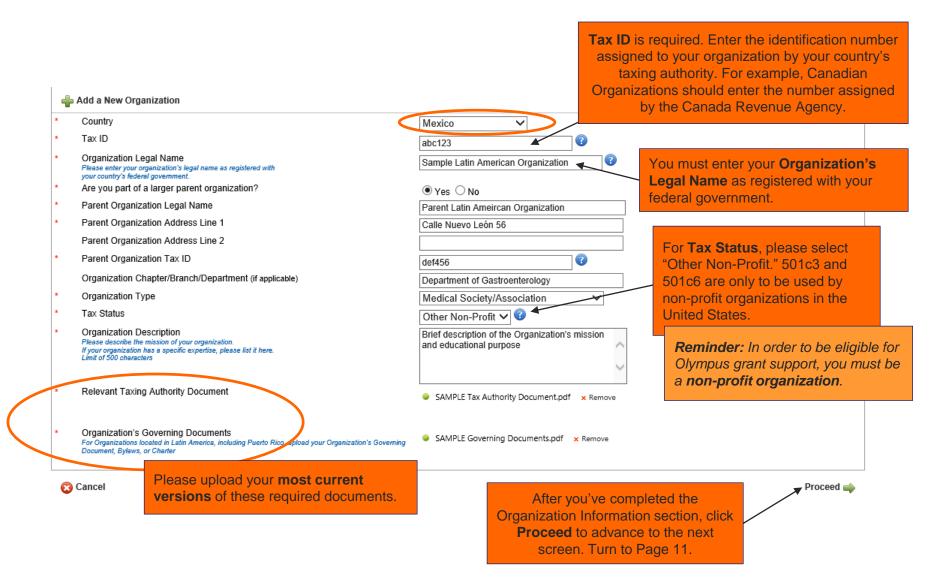
Select the Country in which the headquarters of your Organization is located. Please complete all required fields marked with a red asterisk (\*). Required fields vary based on Country.



> If your Organization is based outside the United States, please turn to Page 10.

# Add a New Organization, cont.

### > If your Organization is based outside the United States, review the tips below.



### **OLYMPUS**

# Add an Organization Address

Provide your Organization's address and contact information, as well as its accreditation status. Please complete all required fields marked with a red asterisk (\*).

<b>TIP –</b> Your Organization Legal Name will be copied over from the previous screen.			
Organization Information Organization Address User Information     Organization Legal Name     Address Line 1     Organizations with multiple departments or locations -     Address should reflect your specific department/location. PO     Boxes not accepted.	Compliance Commitment Sample US Organization 456 Elm Street	Enter <b>complete</b> <b>contact information</b> for your Organization.	
Address Line 2 City State/Province Postal Code Phone	Room 800         Allentown         PA         18034         (123)456-7890	should rei departme	<b>ANT</b> – Your Address flect your specific nt/location. Post office not accepted.
Website URL  Is your organization accredited?  If yes, please select accrediting bodies (Hold CTRL to make multiple selections)	Www.sampleorganization.org	ould be accredited if you have the ability to cation credit.	Is your organization accredited? Select "Yes" if you have the ability to offer continuing education credit.
* Accreditation Certificate ACCME How many years has your organization been in business?	Accreditation Cert SAMPLE.pdf	TIP - If you be prompted	<i>I respond "Yes,"</i> you will d to identify the Accrediting Ipload your organization's
← Back ⊗ Cancel	Afte	<i>current /</i> er you've completed the nization Address tab, click to advance to the next screen.	Accreditation Certificate

### **Check the Availability of Your Email Address**

Enter the email address with which you'd like to register and click "Check Availability."

My Account > User Information

#### Registration, continued

Enter your email address and click "Check Availability." If your email address is not available:

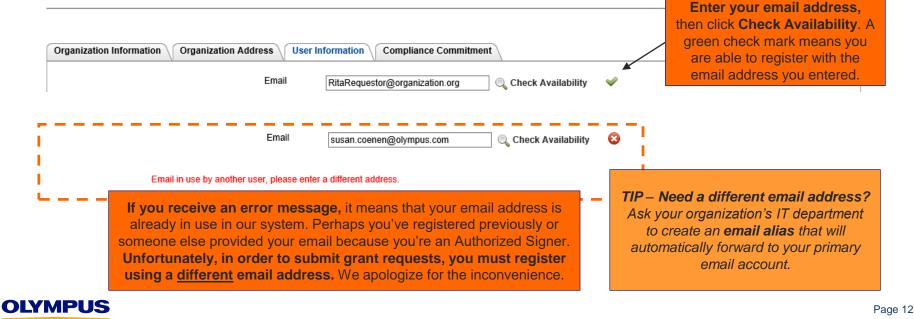
- Have you used your email address to submit grant requests on behalf of another organization? In our system, each email address can only be associated with one organization. If you would like to submit grants on behalf of a different organization, you must complete a new registration with a new email address.
- Are you an Authorized Signer? If you have the legal authority to sign Letters of Agreement on behalf of your organization, then someone in your organization may have entered your email address into our system as part of their grant request. To verify, return to our <u>home page</u>, click on "Forgot your password?" and submit your email address. If you receive a password reset email, then your email address is in our system and associated with a non-requestor role. In order to submit grant requests to Olympus, you must register using a different email address.

Please make sure all the information your provide below is accurate and complete so that Olympus can communicate with you regarding your requests.

#### Updating Your Account, continued

Make any required changes, enter and confirm your current password (or set a new one) and click Save next to the blue disk below.

To return to your My Actions page, click Proceed or My Actions above.



### **Enter Your User Information**

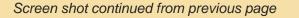
Re-enter your email address, create a password, and provide the contact information detailed below.

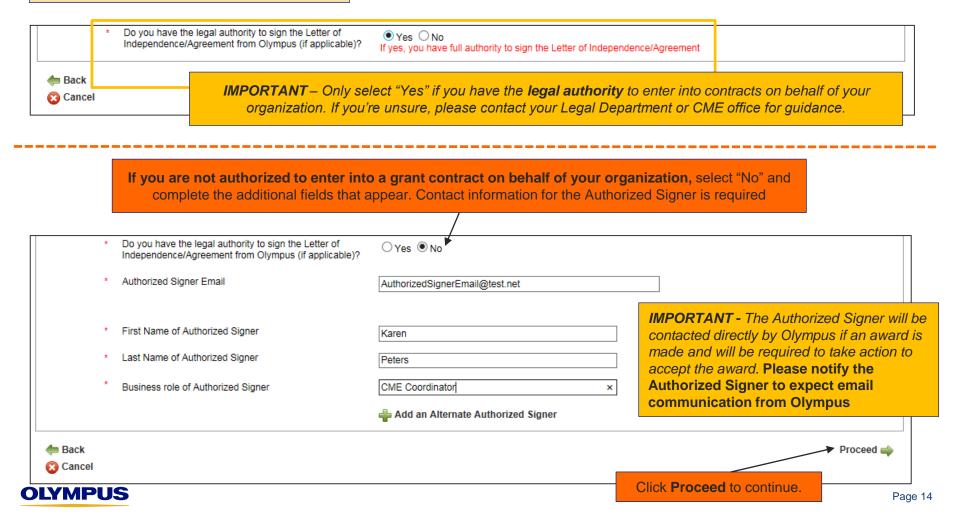
E	ail RitaRequestor@organization.org Q Check Availability accepted, additional fields for you to enter your User Ir	will app
* Re-enter Email	RitaRequestor@organization.org	
<ul> <li>Password Password must be 8-12 characters.</li> <li>Confirm Password</li> </ul>	IMPORTANT - Your Password must be between 8     and 12 characters. Do not exceed 12 characters o     you may have trouble logging in!	
Title	Bita Enter a Secondary Phone (such as a	
* Last Name * Business Role	Requestor mobile number) to be used for urgent matters if attempts to reach you by en and Primary Phone are unsuccessful	
Primary Phone	Coordinator	
* Secondary Phone	(444)444-4444	
Fax		4
Secondary Contact Title	Please provide a Secondary Contact Secondary Contact information will only be	
* Secondary Contact Name	Jane Smith	hed.
Secondary Contact Phone	(111)111-1111	
* Secondary Contact Email	JaneSmith@organization.org	

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### Provide the Name and Contact Info for the Authorized Signer

Please specify the **Authorized Signer**, that is, the person at your organization who has the **legal authority** to enter into contracts with Olympus. This individual is typically someone from your legal department or continuing medical education (CME) office. Should your grant request be approved, this individual will be responsible for signing Olympus' **Letter of Agreement**. Failure to provide the correct person could delay fulfillment of your award if your grant request is approved.





### **Review and Accept the Compliance Commitment**

Review the terms and conditions of Olympus' Compliance Commitment. Should a grant be approved, Olympus' Letter of Agreement (LOA) will be the sole agreement executed by Olympus. You must accept the Compliance Commitment in order to proceed.

Registration > Compliance Commitment

Registration, continued

Carefully read the **Compliance Commitment** below. In order to complete your Registration, you must agree to the following terms and conditions. Please note that, should a grant be approved, **Olympus' Letter of Agreement (LOA) will be the sole agreement executed by Olympus.** To review a sample copy of our LOA, please click <u>here</u>.

Organization Information Organization Address User Information Compliance Commitment

Olympus is committed to complying with all applicable laws and regulations as well as the applicable principles and guidelines of organizations including the Food and Drug Administration (FDA), Office of Inspector General (OIG) and, where applicable, the Accreditation Council for Continuing Medical Education (ACCME) guidelines.

Your acceptance of this document represents your commitment to act in accordance with all applicable laws, regulations and guidelines including those listed above as well as those applicable in the jurisdiction(s) governing the grant or sponsored activity in the event that Olympus decides to support your request.

By accepting these terms and conditions, you also agree that this compliance commitment does not constitute or represent a funding commitment by Olympus; rather, such funding remains subject to the determination of the Olympus Grants Committee. Approval may be granted or denied at Olympus' sole and absolute discretion regardless of past support.

By accepting, you also certify that neither you nor your organization is on the United States Department of the Treasury Office of Foreign Assets Control (OFAC), the United States Department of Health and Human Services Office of Inspector General (OIG), Food and Drug Administration (FDA), or Accreditation Council for Continuing Medical Education (ACCME) probation, debarment or exclusion lists or any other exclusion lists that would affect the receipt of funding from Olympus. Individuals and entities appearing on the exclusion list of any governmental agency are disqualified from receiving education or research grants, contributions or sponsorships from Olympus.

I certify that I am fully authorized to submit this application and provide the information in this application on behalf of the requesting organization and any partner organization(s), and I affirm that all responses and information provided in this application are truthful, accurate, and complete.

I agree that any support the requesting organization may receive from Olympus is not in any way connected to, or conditioned upon, any past, present or future purchasing or recommending any product manufactured or marketed by Olympus. I affirm that my application is not so connected or conditioned.

I understand that Olympus cannot and will not process any request submitted less than 60 days before the date of the program start.

Screen shot continued on next page...



### **Review and Accept the Compliance Commitment, cont.**

Screen shot continued from previous page

**TIP -** Clicking the Letter of Agreement (LOA) link will open a sample contract in a new window. Should an award be made, the Olympus LOA will be the sole agreement executed by Olympus

I acknowledge that the submission of my application is in no way indicative that the request will be supported by Olympus.

I acknowledge that only the Olympus Grants Committee, with zero input from Olympus Sales, Marketing, or Commercial-facing personnel, can approve or deny funding for educational grant, charitable contribution or sponsorship requests. Olympus may approve my request, in installments and/or for a lesser amount than the original request.

If my request is for an educational grant or charitable donation, I acknowledge that the Authorized Signer designated in the application, which may or may not be me, will sign, either electronically or via email, Olympus' applicable Letter of Agreement before Olympus will disburse any financial or inkind support. I acknowledge that all decisions are final; there is no appeal or reconsideration process.

I acknowledge that Olympus may be required to report the monetary or in-kind amount of value provided to government authorities, and such information may be made public depending on applicable federal and/or state law.

I acknowledge that Olympus reserves the right to correct any administrative or technology-based errors which may occur during the application submission or review process.

I acknowledge that by design, Olympus Sales, Marketing, and Commercial facing personnel are prohibited from interacting with grant seekers, customers, grant requestors, course directors, and faculty members about any and all matters regarding grant support. I understand, and will advise others associated with seeking support, not to engage in communication of any kind (written, electronic, verbal, etc.) about determinations of the Grants Committee with Olympus Sales, Marketing, or Commercial-facing personnel. I acknowledge that violations of this provision by me or those affiliated with the event for which I seek support will jeopardize any support from the Olympus Grants Committee.



# **Your Registration is Complete**

This on-screen "Thank You" message confirms your registration. You will also receive a confirmation email from our system email address **noreplygr@olympus.com**.

Organization Information Organization Address User Information Compliance Commitment
Thank You!
Registration Is Complete
Thank you for registering in the Grants Request Management System - Olympus Corporation of the Americas. An email has been sent to you confirming your registration. If you do not receive this email within 15 minutes:
<ul> <li>Check your spam folder. If you find the email there, please add our system email address "noreplygr@olympus.com" to your address book to ensure that our automated messages reach your inbox in the future. If you need additional assistance, contact your organization's IT department.</li> </ul>
<ul> <li>Contact OCA Grants Administrators at 484-896-3939 or ocagrants@olympus.com to confirm your registration.</li> </ul>
Our system accepts grant applications for eligible healthcare and microscopy events taking place in the Americas and/or events coordinated by organizations based in the Americas.
Olympus considers requests for <b>financial</b> support from across the Americas, as well as <b>product/equipment</b> support for events taking place in the United States, Puerto Rico, Canada, Mexico and Brazil only.
Before you submit your first grant request, please review our program website for detailed information about the types of support we offer, additional eligibility requirements and an overview of our application process.
DEADLINE: Applications must be submitted at least 60 calendar days before the event start date.
To begin a new grant application, click "Proceed" below.
Click <b>Proceed</b> to view your "My Actions" welcome screen

