

Enter your user name (email address) and password you created during your registration



[FAQ](#) | [Contact Us](#)

login



[forgot password?](#)

## Janssen Scientific Affairs, LLC

Welcome to the Janssen Scientific Affairs, LLC educational grants system.

[Register](#)

Janssen Scientific Affairs, LLC administers educational grants on behalf Janssen Pharmaceuticals Inc. If you are seeking support for charitable contributions, please visit the [Our Giving](#) page on the Janssen Pharmaceuticals, Inc website.

Organizations must register to access the system. If you are not a registered user, please click on the Register button to proceed.

For information on our grants processes please visit our education grants website at [www.janssenme.com](http://www.janssenme.com). Note that while Medical Education & Communication Companies (MECCs) may register in the system, these organizations may not submit grant applications.



© Janssen Scientific Affairs, LLC 2011. All rights reserved.

Your use of the information on this site is subject to the terms of our [LEGAL NOTICE](#). Please see our [PRIVACY POLICY](#).

This site is published by Janssen Scientific Affairs, LLC, which is solely responsible for its contents. This information is intended for the use of our customers and healthcare professionals in the United States only. Janssen Scientific Affairs, LLC recognizes that the Internet is a global communications medium; however, laws, regulatory requirements and medical practices for pharmaceutical products vary from country to country.

This page was last updated on: October 19, 2011.

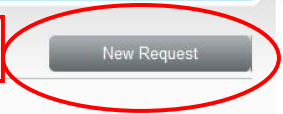
powered by

RMS<sup>V2</sup>  
**Polaris**

REQUEST INBOX

**My Actions**

Click on New Request button



Please click on My Requests to view in-process and closed requests.

ID	Status	Type	Therapeutic Area	Site	Program Title	Starts	Submitted
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

No records retrieved

**Location Information**

Please select existing location or if your location does not exist, go to "My Account" page to create a new location.

**IMPORTANT NOTE:** Please review location details carefully.

	Organization	Address
<input type="checkbox"/>	NJ Chapter	1000 US highway 202 , Raritan, NJ, USA, 08807

Select the Location that was created during your Registration

Save & Continue

**Please select from the following Request Types:**

CE/CME- Certified Education

Independent educational activity for health care professionals such as physicians, nurses and/or pharmacists that provides continuing medical education credit (CE/CME).

Patient/Caregiver Education

Educational events or printed materials (fact sheets, binders, etc) produced for patients and/or caregivers.

Non-Certified Independent Education

Independent educational activity for health care professionals such as physicians, nurses and/or pharmacists that DOES NOT provide continuing medical education credit.

Fellowship Travel

Support of fellow's travel to a national or international meeting. All Fellowship program grants must be related to a therapeutic area of interest to the company, and have 3 or more fellows to be eligible.

Fellowship Support

Support of fellow research in a therapeutic area of interest to the company. All Fellowship program grants must have 3 or more fellows in the program.

The following screens pertain to the Fellowship Support Request Type.

## Request ID FS8024

General Information

Details

Budget

Fellowship Document Upload

Payee Information

Attestations

## General Information

Requests must be submitted with an adequate lead time prior to start date. Requests received without adequate lead time will not be considered. The Company will not fund events that have already occurred.

Please see the FAQ tab at the top of the page for information on lead times.

## \* Therapeutic area

If you do not see your therapeutic area listed here, please refer back to Areas of Interest listed in the FAQ tab at the top of the page.

## Disease State

Please select most applicable

## \* Request Title

## \* Fellowship Description (please do not include names of fellows)

Briefly (2-3 sentences) describe the fellowship including format, scope and number of programs covered by this funding request.

## \* Start Date

mm/dd/yyyy

## \* End Date

mm/dd/yyyy

## \* Requested Amount

## \* Total Fellowship Costs

## \* Number of fellows in the fellowship program

All fellowship program grants must have 3 or more fellows in the program.

## \* Number of fellows for whom you are requesting support

 Save and continue later

 Cancel Request

Save and Proceed to Next Step 

## Request ID FS8024

General Information

Details

Budget

Fellowship Document Upload

Payee Information

Attestations

### Details

\* Briefly describe your institution/organization

(e.g. type of institution, size, geography, patients served, teaching responsibilities, primary services provided, etc.)

\* Describe the fellowship program for which you are requesting funding

\* Define the percentage of time devoted to clinical care and research activities

 % Clinical % Research

\* Describe the learning objectives for the fellowship.

\* Describe the criteria to evaluate or measure the success of the fellowship program

\* Describe the criteria for selecting fellow(s)

Do not include names of fellows

\* How many fellows (in the specialty selected above) has your institution trained in the past five years?

 Save and continue later

 Back

 Cancel Request

Save and Proceed to Next Step 

## Request ID FS8024

General Information

Details

Budget

Fellowship Document Upload

Payee Information

Attestations

### Budget

Please complete the budget template. To access the budget lines, click the arrow icon on the roll-up bar.

- 1) Detailed budget information is required
- 2) If needed, please include a brief explanation of the line item in the "Comments" section on the right side of the page



**Requested Amount** and **Total Budget Amount** are pre-populated based on information entered within the General Information section


#### Previous Request Information

Requested Amount

Total Budget Amount


#### Fellowship Support

Salary Related Expenses	Cost per Fellow	# of Fellows	Total Amount	Requested Amount	Comments
Salary	<input type="text" value="\$0.00"/>	<input type="text"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text"/>
Salary Fringe	<input type="text" value="\$0.00"/>	<input type="text"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text"/>
Other Description <input type="text"/>	<input type="text" value="\$0.00"/>	<input type="text"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text"/> 
<p> <a href="#">Add Additional Other</a></p>					
<p><b>Total Salary Related Expenses</b></p> <p><input type="text" value="\$0.00"/> <input type="text" value="\$0.00"/></p>					

Travel Related Expense	Cost per Fellow	# of Fellows	Total Amount	Requested Amount	Comments
Airfare	<input type="text" value="\$0.00"/>	<input type="text"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text"/>
Hotel	<input type="text" value="\$0.00"/>	<input type="text"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text"/>
Ground Transportation <i>NOTE: Limousine/sedan service is an exception. Provide rationale in "Comments" section</i>	<input type="text" value="\$0.00"/>	<input type="text"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text"/>
Meals (per diem)	<input type="text" value="\$0.00"/>	<input type="text"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text"/>
Other (Description) Please provide specific details of this additional line item <input type="text"/>	<input type="text" value="\$0.00"/>	<input type="text"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text"/> ✖
<p> <a href="#">Add Additional Other</a></p> <p><b>Total Travel Related Expenses</b></p> <p><input type="text" value="\$0.00"/>      <input type="text" value="\$0.00"/></p>					

<b>Total</b>	
Requested Amount	<input type="text" value="\$0.00"/>
Total Budget Amount	<input type="text" value="\$0.00"/>

 Save Budget

 Save and continue later

 Back

 Cancel Request

Save and Proceed to Next Step 

## Request ID FS8024

General Information

Details

Budget

Fellowship Document Upload

Payee Information

Attestations

### Fellowship Document Upload

Additional documentation is required for all Fellowship Support grants. Please see specific requirements below.

You may also submit additional documents that may help us review your request in the field labeled "Optional"

Please note the following system requirements:

- Maximum upload size is 10 Megabytes
- Documents of the following types may be uploaded: txt,bmp,doc,docx,log,pdf,xls,xlsx,jpeg,jpg,tif,gif,ppt,pptx (zip files are not permitted)

\* Description of need for training


\* Description of fellowship requirements

to include specific requirements of the fellowship (activities within clinical care or research), completion requirements, benefits to patient care, contributions to the field of study, and educational components to train/educate other clinicians.

Other Attachments (optional)

Title	File	
<input type="text"/>	<input type="text"/>	<input type="button" value="Browse"/>

  
(optional)

 Save and continue later

 Back

 Cancel Request

Save and Proceed to Next Step 



## Request ID FS8024

General Information

Details

Budget

Fellowship Document Upload

Payee Information

Attestations

### Payee Information

Please confirm the payee information below. If not correct, please enter the new payee information.

\* Authorized Signer

Please confirm the individual from your organization authorized to sign LOAs

\* Is the payee information correct?

Yes

No

\* Confirm Payee Tax ID

\* Confirm Payee Organization

\* Confirm Payee Address Line 1

Confirm Payee Address Line 2

\* Confirm Payee City

\* Confirm Payee Country

\* Confirm Payee State

\* Confirm Payee Zip

Information is pre-populated from your registered profile

 Save and continue later

 Back

 Cancel Request

Save and Proceed to Next Step 

## Request ID F8024

General Information

Details

Budget

Fellowship Document Upload

Payee Information

Attestations

## Attestations

Please read and respond to each of the following questions. If you are unable to respond with "Yes" to any, please contact the grants office (See Contact Us tab)

\* I certify that the institution has exclusive discretion over selecting the fellow(s) receiving the request support.

Yes  
 No

\* I certify that there has been no condition of purchase, use, or recommendation of the Company's products associated with this funding request.

Yes  
 No

\* I certify that the proposed funding is commensurate with the activities performed and within hospital/institution criteria for a designate level of post-graduate study.

Yes  
 No

\* I certify that the requesting organization, third party(s) (if applicable), and individual(s) named in this grant request are not currently included on the FDA debarment list, the OIG exclusion list, or the EPLS list.


Yes  
 No

\* I certify that the organization agrees to disclose financial support provided by the company in all written materials regarding the fellowship.

Yes  
 No

 Save and continue later

 Back

 Cancel Request

Save and Proceed to Next Step 

You have an opportunity to review your complete application prior to final submission. You may print this request via your browser's print function.

## Request# FS8024

Your application is not yet complete. Please review the information below before submitting your request to ensure accuracy. If you need to make any changes to your application, please click "Edit" next to the pencil icon to make them. Please be sure to save your work before clicking "Submit Request" at the bottom of the page.

### General Information

 [Edit](#)

Requests must be submitted with an adequate lead time prior to start date. Requests received without adequate lead time will not be considered. The Company will not fund events that have already occurred.

[Please see the FAQ tab at the top of the page for information on lead times.](#)

### Agreement

I certify that the information contained in this grant application is complete and accurate.

Yes  No

 [Back](#)

 [Submit Request](#)