forgot password?

# Janssen Therapeutics

Click on Register button to begin

login

Welcome to the educational grants system for Janssen Therapeutics, Division of Janssen Products, LP

Register

All users must register prior to submitting an application. New visitors should click "Register" to create a user account.

THIS SYSTEM IS FOR US-BASED EDUCATIONAL GRANTS ONLY. For information on charitable contributions, or to submit an application for a charitable contribution, please visit www.jtgrant-info.com. For organizations and activities outside of the US and Puerto Rico, please contact the Grants office by email at jtgrantinfo@its.jnj.com or by phone at 1-866-447-2687 (1-866-4GRANTS).

NOTE: Per company policy, medical education & communication companies (MECCs) are not permitted to submit grant applications in this system. The CE/CME provider, or other party directly involved in patient care, must submit the application.



© Janssen Therapeutics, Division of Janssen Products, LP 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 Therapeutics, Division of Janssen Products, LP, 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 Therapeutics, Division of Janssen Products, LP recognizes that the Internet is a global communications medium; however, laws, regulatory requirements and medical practices for pharmaceutical products vary from country to country.

REGISTRATION

### Organization Registration

Registration helps us communicate with you better regarding your grant application. Users must register in the system before they can submit grant applications or be listed as a Third Party on a grant application.

Note: Registration must be completed in a single session. You cannot save and continue at a later time.

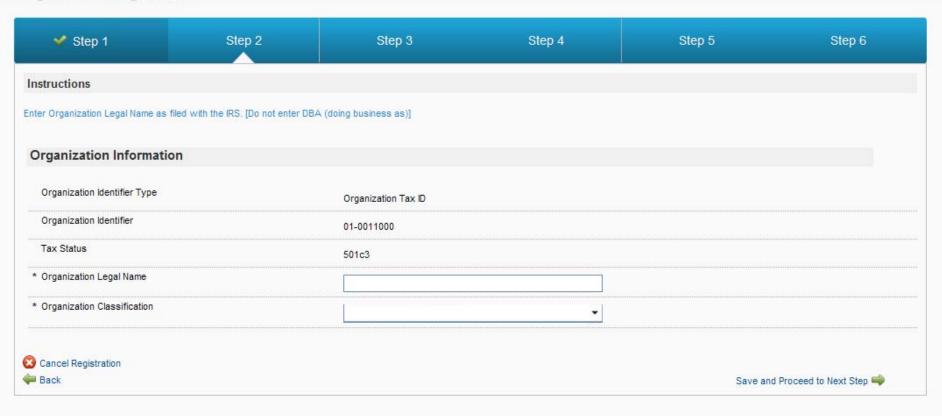
You will be required to setup an account by entering an email address and password. Your name, your organization's name, organization Tax ID, work address, phone number, and fax will also be needed. Required information is marked by an "a". You may check, update or correct registration information by using your email address and password to access such information at any time. Your registration will be shared with affiliates and other parties involved in our grant process. At any time, you can request to remove your registration by calling our Grants Office via Contact Us information above.

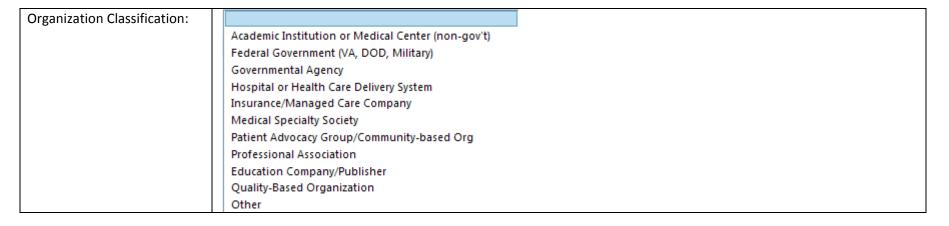
Information you provide will be governed by our Privacy Policy. By clicking on "Save & Continue" below, you are acknowledging that you have read, understand, and agree to these terms.

Please enter the Tax-ID and then re-enter it to verify your entry. Please note that the system will not allow you to cut and paste into the "Re-enter Organization Tax-ID" field.

Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
Organization Information					
Organization Tax ID *  Re-enter Organization Tax ID *  Tax Status *					
For organizations outside of the US and Puerto Rico, please email the technical support desk referenced in the Contact Us tab to request an international code					
Cancel Registration					Save & Continue 📦

## Organization Registration





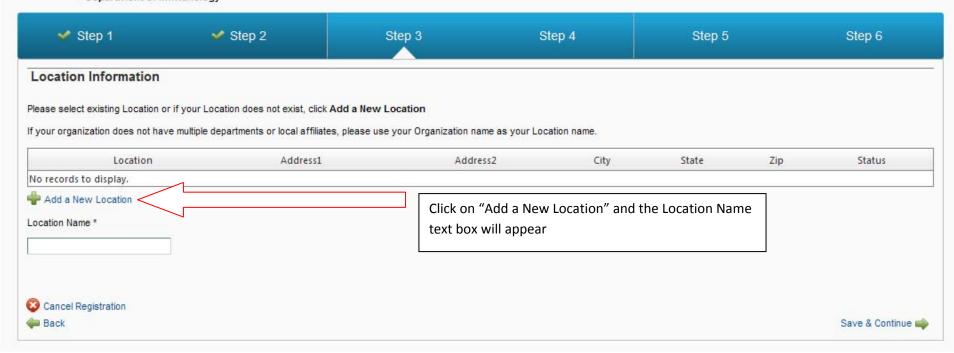
### **Location Registration**

Location are departments or local affiliates that share the same Organization Tax ID.

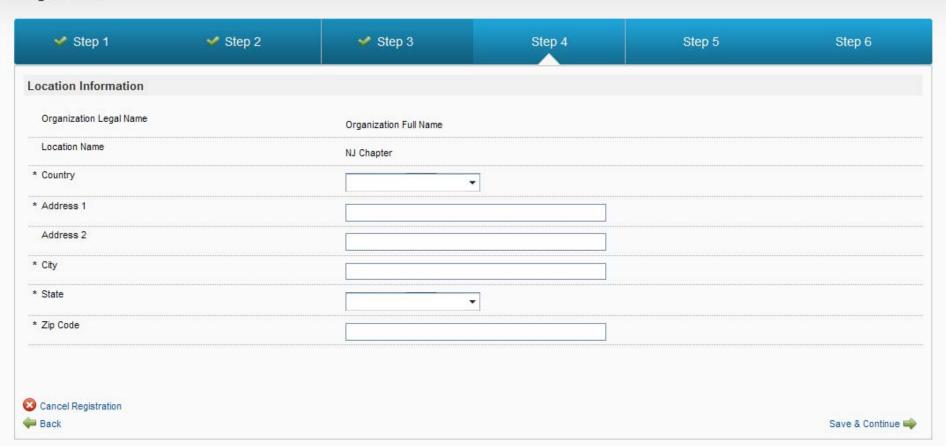
- \* If your organization is already registered and your location is available in the Existing Location list, please select it.
- \* If this is the first time that your organization is registering, or if you do not see your location listed on the Existing Location list, please click "Add a New Location".

Examples of the relationship between Organizations and Location:

- Organization: ABC Organization with Organization Tax ID 77-9787957
- · Location:
  - Chicago Chapter
  - Washington DC Chapter
- Organization: ABC Organization with Organization Tax ID 77-9787957
- · Location:
  - Department of Neurology
  - Department of Immunology



# Registration







### Disclosure of Grant Funding

I understand that if the grant application is approved the Company reserves the right to post the information regarding funding under this agreement on a publicly accessible web site. This includes the identity of the recipient, the monetary value of the funding, the purposes for such funding, and other information as the Company determines appropriate.

OlAgree

O I Disagree





Save & Continue 📦



#### Registration

✓ Step 1 ✓ Step 2	❤ Step 3	Step 4	Step 5	Step 6
Location Details			<i>''</i>	
Organization Legal Name				
Organization Tax ID				
Location Name				
Address				
* Does this company have a parent organization?	O Yes O No			
* Does the organization name on your current W-9 form match organization name you are registering here?	O Yes			
* Are there any prior (within the last 12 calendar months) or or relationships between key staff members or owners with Jan Biotech, Inc., Janssen Scientific Affairs, LLC, administering gr for Janssen Pharmaceuticals, Inc., or Janssen Therapeutics, I of Janssen Products, LP, inclusive of the companies formerly as Centocor Ortho Biotech Inc, Ortho-McNeil Janssen Scientifi Affairs, LLC or any of the operating companies it supports (Ja @, Ortho-McNeil®), and PriCara®, Divisions of Ortho-McNeil-Jan Pharmaceuticals, Inc.).	urrent ssen ants livision known C Yes c C No			
* In the past 12 months, has any subsidiary or affiliate compateen involved in providing or supporting company-directed set for pharmaceutical companies, medical device manufacturers, including but not limited to advertising/promotional services, publication planning, speaker bureau management, speaker trean advisory board/consultant meeting planning?	vices etc., O yes			
* Location Finance contact name				
* Location Finance contact email address				
* Location Finance contact phone number		Ext   Select type	₹	
$^{\star}$ is your institution affiliated with the National Institutes of Hea (NIH)?	C Yes			
* Are you requesting an Educational Grant on behalf of a Government Institution?	O Yes O No			
* Has the organization registered for web invoicing with John and Johnson Accounts Payable?	O Yes O No O Don't know			
* Has the organization registered for electronic funds transfer Johnson and Johnson Accounts Payable				
Cancel Registration	O Bon't know			

### Registration

✓ Step 1	✓ Step 2	❤ Step 3	Step 4	Step 5	Step 6
Accreditation					
* Is your organization an accredited provider or a designated approver of certified independent education for healthcare professionals?		⊙ <sub>Yes</sub> O <sub>No</sub>			
	hs, has this organization been asked to y about an educational activity?	Oyes			
* Wasi- H		O No			
on probationary status by an a	hs, has this organization been placed accrediting body?	O Yes O No			
* Within the previous 12 month be in partial compliance or non organization?	hs, has this organization been found to a-compliance by an accrediting	O Yes O No			
accredited provider or a desig	cognize your organization as an nated approver of certified althcare professionals? Select all that	ACCME AAFP AANP AAPA Press CTRL key to select multiple	le options		
selection above (Ex: ACCME-N	e list above, please add the name of		P.		
* Does this organization have identification and resolution of potential faculty members and	potential conflicts of interest between	O Yes O No			
	adequate staff to provide a detailed of the disbursement of grant funds, by the grantor?	O Yes O No			
* Does this organization have	a Compliance Officer?	O Yes O No			
Does this organization have the following specific risk area a. Communications with granto		O Yes O No			
* b. Interactions with faculty in reimbursement and documents the conditions of appropriate u	ation to ensure faculty will comply with	O Yes O No			
* Does this organization have policies/processes in place:	the following written compliance				
a. Adequate staff training and	documentation of ongoing education ncluding outgoing communications for	O Yes O No			
* b. A process for handling er agency complaints	mployee, attendee and accreditation	O Yes O No			
systems for compliance with o	periodically assess organizational grant agreements with commercial	Oyes			
supporters		O <sub>No</sub>			
* d. Written policies describing from breach of compliance	g disciplinary actions that can arise	O Yes			
		~ NO			
Cancel Registration					Save & Continue 📾
- Dack					Save & Continue



### Third Party Collaborators

A Third Party is an entity that contributes to content development, certifies the activity for non-physician audiences, or is the requesting organization's designated payee. Third Parties should be organizations, not individuals (ie, consultants or faculty members who contribute to content development). Organizations that provide only logistics assistance are not required to register.

FOR REQUESTING ORGANIZATIONS: Requesting organizations may add Third Party collaborators to their profile at the time of registration or at the time of application. If an intended collaborating Third Party is not registered in the system and associated with your organization at the time of application, you will have to wait until the Third Party completes their registration in order to submit your application. To save time, we encourage organizations to list their potential collaborative partners in their profiles at the time of registration. Please note that this does not need to be an all-inclusive list and may be updated in the future on your organization's profile page.

FOR OTHER ORGANIZATIONS: Medical Education Companies and other organizations not eligible to submit applications within the system do not need to designate Third Parties and should select "No" below.

All Third Parties must be in compliance with Company policies, including firewall policies.

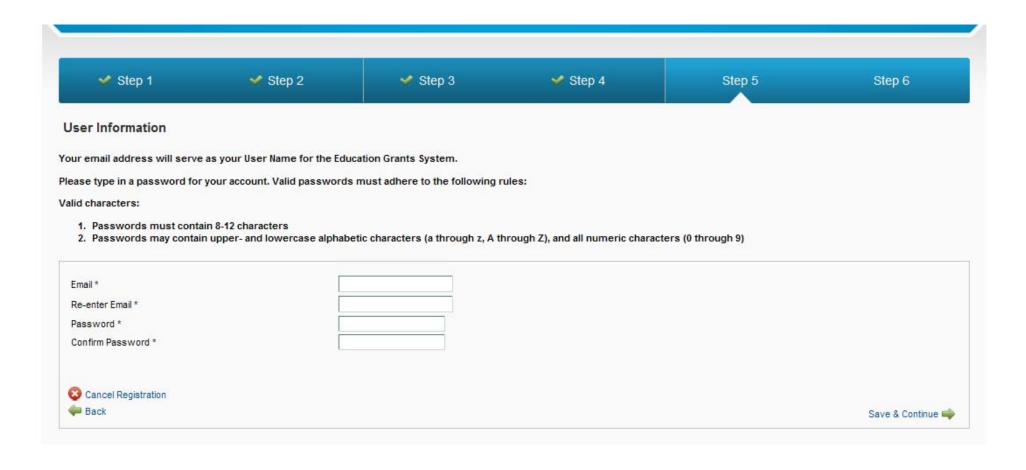
If your organization works with any Third Party, please complete the following information. If you plan to work with more than one Third Party, you can add entities after completing each line. A new row can be added/deleted by selecting the "+/-" icon."

\* Does your Organization collaborate with Third Parties?

⊚	Yes	O	N

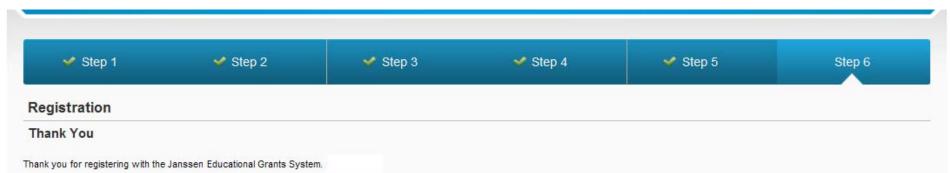






Primary Contact First Name					
Filliary Collact i ist Name					
Primary Contact Last Name					
Primary Contact Salutation		-			
Primary Contact Title					
Primary Contact Phone Number		Ext	Select type	<b>-</b>	
Primary Contact Fax Number		Ext			
Secondary Contact First Name					
Secondary Contact Last Name					
Secondary Contact Salutation		•			
Secondary Contact Title					
Secondary Contact Email			***************************************		
Secondary Contact phone number		Ext	Select type	·	
Is the Primary Contact authorized to sign Letters of Agreement LOAs)?	Oyes				
no, name the person with legal authority to sign on behalf of your organization.	O No				

* Is the Primary Contact authorized to sign Letters of Agreement (LOAs)?  If no, name the person with legal authority to sign on behalf of your organization.	O Yes ⊙ No
* Authorized signer's name	
* Authorized signer's phone	Ext Select type ▼
Authorized signer's fax	Ext
* Authorized signer's email	
Cancel Registration  Back	Save & Continue ➡



You may proceed with submission of a grant request now or return at a later date. To create a request now, please proceed to the homepage and log in.

Proceed to Homepage