

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



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login

[forgot password?](#)

Janssen Therapeutics

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

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.jgrant-info.com. For organizations and activities outside of the US and Puerto Rico, please contact the Grants office by email at jgrantinfo@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.



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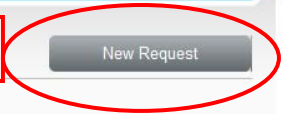
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Polaris

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 **Non-Certified Independent Education** Request Type.

Organization Information

General Information

Educational Objectives

Activity Information

Activity Funding

Budget

Third Party Information

Document Upload

Payee Information

Attestations

Organization Information

Please verify that the information below is current. If any of this information is out of date, -please click the 'My Account' link at the top of the screen to be redirected to your profile where you can update your Organization's information

* Are there any prior (within last 12 calendar months) or current relationships between key staff members or owners with Janssen Biotech, Inc., Janssen Scientific Affairs, LLC., administering grants for Janssen Pharmaceuticals, Inc., or Janssen Therapeutics, Division of Janssen Products, LP., inclusive of the companies formerly known as Centocor Ortho Biotech Inc, Ortho-McNeil Janssen Scientific Affairs, LLC or any of the operating companies it supports (Janssen®, Ortho-McNeil®, and PriCara®, Divisions of Ortho-McNeil-Janssen Pharmaceuticals, Inc.), or Tibotec Therapeutics?


Yes

No


* I agree that the information above is true and accurate

Yes

No

 Save and continue later

 Cancel Request

Save and Proceed to Next Step 

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.
 Support cannot be used for exhibits. Please reach out to your local sales representative regarding exhibits, etc.

* **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

* **Is this submission in response to a Request For Grant Applications (RFGA)?**
 Requests for Grant Applications (RFGA) are disseminated and posted on grants websites intermittently.
 Yes
 No

* **Activity Title**

* **Activity Description (3-5 sentences)**
 Please include format, scope and number of unique activities covered by this funding request. Space is limited to 1000 characters. You will be able to upload additional documentation at the end of the submission. Please do not type "See Attached" in this field.

* **Please indicate if this activity is a Performance Improvement (PI) or Quality Improvement (QI) initiative**
 Yes
 No

* **Start Date**
 If a series, please enter first date of first activity
 mm/dd/yyyy

* **End Date**
 End date should be the launch/dissemination date of the final activity (e.g. live meeting or enduring material) rather than the certification expiration date.
 mm/dd/yyyy

* **Is the start date contingent on receipt of company funding?**
 Yes
 No

* **Requested Amount**

* **Does the amount requested represent the entire budget for this activity(s)?**
 Yes
 No

* **What is the PRIMARY audience for this activity(s)**
 Select the primary audience. You will have the opportunity to select other audiences on a separate tab

* **For the PRIMARY audience, identify the primary specialty**

* **Anticipated total number of participants**

* **Please provide up to 3 examples of completed educational activities in the therapeutic area relevant to this grant application (preference for activities that have completed within last 24 months)**
 For each activity include a bullet describing 1) activity title, 2) type of activity, and 3) activity start date

* **Is an assessment of educational outcomes planned?**
 Yes
 No

Educational Objectives

Requests >=\$50,000 require that a robust and validated needs assessment be uploaded on Document Upload tab prior to submission (See FAQs for additional requirements).

Please enter identified educational needs/gaps. Each need/gap should correspond to an Educational Objective, Agenda Item, and Expected Outcome.

To add a new educational need/gap, please select "Save Statement of Need", then "Add Additional Statement of Need".

Each text box has a 1000 character limit. Please provide a SHORT SUMMARY for each question. Please do not enter "See Attached". Additional documentation can be attached on the Document Upload tab.

*** Identified Statement of Need**

List an educational gap that will be addressed by this activity

*** Learning Objective (tied to the statement of need above)**


List an objective in language that indicates measurable/learner-orientated outcome(s) (e.g. After participating in the activity, the learner will be able to....)

*** Agenda Item/Topic Title (tied to the learning objective above)**

List the specific item/topic from the Agenda that ties directly to the objective entered above

*** Anticipated Result/Outcome (tied to the agenda item/topic above)**

List the expected outcome in terms of changed physician knowledge, skills, performance in practice or patient health status that ties directly to Agenda Item/Topic entered above.

 Save Statement of Need

*** Activity is designed to address the following gap(s)**

Check all that apply

- Knowledge
- Practice/competence
- Performance (individual)
- Performance (organizational)
- Community Health Status
- Patient Outcomes

*** Intended Audience Statement**

Describe the intended audience for this activity

*** Audience Generation Plan**

Include methods to invite audience such as email, direct mail, etc.

*** Criteria for Faculty Selection (do not include potential faculty names)**

Please indicate the faculty's collective qualifications for selection

*** Activity Implementation Plan and Timeline**

Activity Information

Please provide detailed information about execution of your program activity (s) below, including delivery format (live, print, etc.), detailed venue information, and target audience(s). If the application includes multiple educational components:

- Activities with distinct delivery formats, topics, or audiences (i.e. live meeting plus enduring webcast) should be entered individually as separate activities.
- For a series of similar events (ie, live meetings or webcasts with same delivery format, topics and target audience(s)), you may enter up to 4 individual events per activity. If there are more than 4 events in the series, please upload the additional detail on the Document Upload tab.

Additional detail describing complex grants, including diagrams, may be uploaded as necessary in the Document Upload tab.

TOTAL NUMBER OF ACTIVITIES ENTERED: 1

Select Activity Format :

Number of Venue(s) 1

* Select Delivery Format	<input type="text"/>
* Activity Agenda or List of Topics	<input type="text"/>
<small>Please Note: Grant decision are NOT based on faculty selection.</small>	
* Presentation Format <small>Select all that apply for this activity</small>	<input type="checkbox"/> ARS/Voting <input type="checkbox"/> Case Based <input type="checkbox"/> Didactic <input type="checkbox"/> Interactive
* Number of Faculty Members	<input type="text"/>
* Geographic Focus	<input type="text"/>
* Select Primary Audience	<input type="checkbox"/> Nurses <input type="checkbox"/> Physicians <input type="checkbox"/> Pharmacists/PharmDs <input type="checkbox"/> Nurse Practitioners
* Activity Start Date	<input type="text"/> <input type="text"/>
<small>mm/dd/yyyy</small>	
* Number of Invitations Expected to be Distributed	<input type="text"/>
* Number of Expected Learners	<input type="text"/>

Enter Venues for Delivery Format

Select 'Save Venue' then 'Add Another Venue' to add another event to this activity (can add up to 4 events associated with each activity type)

* Venue	<input type="text"/>
* City	<input type="text"/>
* State	<input type="text"/>
* Zip	<input type="text"/>

Save Venue

Save Delivery Format

Save and continue later

Back

Cancel Request

Save and Proceed to Next Step

Activity Information

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Additional detail describing complex grants, including diagrams, may be uploaded as necessary in the Document Upload tab.

TOTAL NUMBER OF ACTIVITIES ENTERED:1

Select Activity Format :

* Select Delivery Format

* Brief description of activity

* Presentation Format
Select all that apply for this activity

* Number of Faculty Members

* Enter website(s) where education will be published

* Select Primary Audience

* Activity Start Date
mm/dd/yyyy

* Number of Invitations Expected to be Distributed

* Number of Expected Learners

Save Delivery Format

Save and continue later

Back

Cancel Request

Save and Proceed to Next Step

Activity Information

Please provide detailed information about execution of your program activity (s) below, including delivery format (live, print, etc.), detailed venue information, and target audience(s). If the application includes multiple educational components:

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Additional detail describing complex grants, including diagrams, may be uploaded as necessary in the Document Upload tab.

TOTAL NUMBER OF ACTIVITIES ENTERED: 1

Select Activity Format :

* Select Delivery Format

* Brief description of activity

* Presentation Format Select all that apply for this activity

* Number of Faculty Members

* Geographic Focus

* Method of Dissemination

* Select Primary Audience Nurses
Physicians
Pharmacists/PharmDs
Nurse Practitioners

* Activity Start Date

* Number of Invitations Expected to be Distributed

* Number of Expected Learners

Save Delivery Format

Save and continue later

Back

Cancel Request

Save and Proceed to Next Step

Activity Funding

Please note: Full Budget details will be entered on the next tab.

* Total Activity Budget

* Requested Amount

* Total Funding Already Committed

* Will additional support be requested from other sources? Yes No

Save and continue later

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Cancel Request

Save and Proceed to Next Step

Third Party Information

A Third Party is an organization 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). Third Parties that meet these criteria must be registered in the system and associated with your organization in order to be included in the grant application.

Third Parties that were added to your profile during registration or previous grant applications will show up in the drop down menu below.

If you plan to collaborate with a Third Party that meets the criteria above, *but have not yet added them to your profile (i.e., organization does not appear in the drop down menu below)*, you cannot proceed any further with your application. Please add your Third Party via "My Account" and then Log-out.

TO ADD A THIRD PARTY: Click on the link below to access your organization's profile. Select the tab titled "Third Party" and enter the required information. The system will automatically notify the Third Party that they need to register. Please follow-up with your Third Party to ensure timely registration. Once the Third Party has registered and confirmed the association, you may then continue with your application.

"Go To My Account"

* Will you be working with a Third Party?

Yes
 No

Third Party Function

Third Party Organization Name

Third Party Contact Email

Third Party Collaborators

* Is the Third Party to be designated as the payee?

Yes
 No

* Allow access to system to update Manage Activities?

Yes
 No

[Add additional third party to this request](#)

* Will you be working with other organizations that manage only logistics or outcomes?

Yes
 No

Other organizations are not required to register.

TOTAL NUMBER OF THIRD PARTIES ENTERED:1

* Other Organization Function

* Other Organization Name

* Other Organization Contact Email

Save Third Party

Save and continue later

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Cancel Request

Save and Proceed to Next Step

Organization Information	General Information	Educational Objectives	Activity Information	Activity Funding	Budget	Third Party Information
Document Upload	Payee Information	Attestations				

Document Upload

Additional documentation is required for all non-certified educational 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)

*** Provider Certificate of Separation**
 A signed copy is required for both the requesting organization and Third Parties (if applicable). Please click on the FAQ tab at the top of the tab for instructions.

*** Needs Assessment**
 Required for all grant requests >=\$50,000

*** Educational Outcomes Plan**
 Required for all grant requests >=\$50,000

Sample Outcomes Reports from Previous Activities
 Key identifying information can be stripped out of report for confidentiality.

Agenda
 Required for live activities

Activity Brochure

Other (optional)
 Please upload Third Party Certification of Separation forms here (if applicable)

Title	File
<input type="text"/>	<input type="text"/> <input type="button" value="Browse"/>
<input type="button" value="+ Add Row"/> (optional)	

Organization Information	General Information	Educational Objectives	Activity Information	Activity Funding	Budget	Third Party Information
Document Upload	Payee Information	Attestations				

Payee Information

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

*** Authorized Signer for LOA**
 Please confirm the individual from your organization authorized to sign LOA's

*** 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 Province**

*** Confirm Payee Zip**

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 decisions involving selection of faculty and activity content will not involve the Company or the operating companies it supports.

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 any discussion of Johnson and Johnson products, including those marketed by the Company, must be consistent with the FDA approved product labeling.




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, including verbally during the introduction of a live activity, in any printed announcements and brochures (unless such materials were already printed at the time of the grant approval); and in written or enduring materials distributed as part of the activity.

Yes
 No

-  Save and continue later
-  Back
-  Cancel Request

Save and Proceed to Next Step 