

login   >>  
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## Janssen Therapeutics

Click on Register button to begin

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.jtgrant-info.com](http://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](mailto: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.



## 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 <sup>\*</sup>. 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.

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### 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

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## Organization Registration

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### Instructions

Enter Organization Legal Name as filed with the IRS. [Do not enter DBA (doing business as)]

### Organization Information

Organization Identifier Type

Organization Tax ID

Organization Identifier

01-0011000

Tax Status

501c3

\* Organization Legal Name

\* Organization Classification

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Organization Classification:

Academic Institution or Medical Center (non-gov't)  
 Federal Government (VA, DOD, Military)  
 Governmental Agency  
 Hospital or Health Care Delivery System  
 Insurance/Managed Care Company  
 Medical Specialty Society  
 Patient Advocacy Group/Community-based Org  
 Professional Association  
 Education Company/Publisher  
 Quality-Based Organization  
 Other

## 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

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### Location Information

Please select existing Location or if your Location does not exist, click **Add a New Location**

If your organization does not have multiple departments or local affiliates, please use your Organization name as your Location name.

Location	Address1	Address2	City	State	Zip	Status
No records to display.						

[+ Add a New Location](#)

Location Name \*

Click on "Add a New Location" and the Location Name text box will appear

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### Location Information

Organization Legal Name

Organization Full Name

Location Name

NJ Chapter

\* Country

\* Address 1

Address 2

\* City

\* State

\* Zip Code

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### 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.

- I Agree
- I Disagree

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### Location Details

Organization Legal Name

Organization Tax ID

Location Name

Address

\* Does this company have a parent organization?

- Yes  
 No

\* Does the organization name on your current W-9 form match the organization name you are registering here?

- Yes  
 No

\* Are there any prior (within the 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 O, Ortho-McNeil®, and PriCara®, Divisions of Ortho-McNeil-Janssen Pharmaceuticals, Inc.).

- Yes  
 No

\* In the past 12 months, has any subsidiary or affiliate company been involved in providing or supporting company-directed services for pharmaceutical companies, medical device manufacturers, etc., including but not limited to advertising/promotional services, publication planning, speaker bureau management, speaker training, and advisory board/consultant meeting planning?

- Yes  
 No

\* Location Finance contact name

\* Location Finance contact email address

\* Location Finance contact phone number

 Ext...  Select type...

\* Is your institution affiliated with the National Institutes of Health (NIH)?

- Yes  
 No

\* Are you requesting an Educational Grant on behalf of a Government Institution?

- Yes  
 No

\* Has the organization registered for web invoicing with Johnson and Johnson Accounts Payable?

- Yes  
 No  
 Don't know

\* Has the organization registered for electronic funds transfer with Johnson and Johnson Accounts Payable

- Yes  
 No  
 Don't know

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### Accreditation

\* Is your organization an accredited provider or a designated approver of certified independent education for healthcare professionals?

Yes  
 No

\* Within the previous 12 months, has this organization been asked to respond to complaint or inquiry about an educational activity?

Yes  
 No

\* Within the previous 12 months, has this organization been placed on probationary status by an accrediting body?

Yes  
 No

\* Within the previous 12 months, has this organization been found to be in partial compliance or non-compliance by an accrediting organization?

Yes  
 No

\* Which regulatory bodies recognize your organization as an accredited provider or a designated approver of certified independent education for healthcare professionals? Select all that apply.

ACCMC  
AAFP  
AANP  
AAPA

Press CTRL key to select multiple options

\* Dates of expiration from the regulatory bodies identified in the selection above (Ex: ACCME-11AR-2016, ACPPE-JUN-2015) If you selected "other" from the list above, please add the name of regulatory body, as well as the expiry date.

\* Does this organization have a written policy regarding the identification and resolution of potential conflicts of interest between potential faculty members and the commercial supporter(s)?

Yes  
 No

\* Does this organization have adequate staff to provide a detailed accounting and documentation of the disbursement of grant funds, on a timely basis, if requested by the grantor?

Yes  
 No

\* Does this organization have a Compliance Officer?

Yes  
 No

Does this organization have written policies/procedures covering the following specific risk areas:  
a. Communications with grantors

Yes  
 No

\* b. Interactions with faculty including honoraria and travel reimbursement and documentation to ensure faculty will comply with the conditions of appropriate use of commercial support

Yes  
 No

\* Does this organization have the following written compliance policies/processes in place:  
a. Adequate staff training and documentation of ongoing education around compliance and CME, including outgoing communications for organizational staff

Yes  
 No

\* b. A process for handling employee, attendee and accreditation agency complaints

Yes  
 No

\* c. A process to monitor and periodically assess organizational systems for compliance with grant agreements with commercial supporters

Yes  
 No

\* d. Written policies describing disciplinary actions that can arise from breach of compliance

Yes  
 No

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## 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  No

	Third Party Name	<input type="text"/>
	Third Party Contact First Name	<input type="text"/>
	Third Party Contact Last Name	<input type="text"/>
	Third Party Contact Email	<input type="text"/>



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## User Information

Your email address will serve as your User Name for the Education Grants System.

Please type in a password for your account. Valid passwords must adhere to the following rules:

Valid characters:

1. Passwords must contain 8-12 characters
2. Passwords may contain upper- and lowercase alphabetic characters (a through z, A through Z), and all numeric characters (0 through 9)

Email \*

Re-enter Email \*

Password \*

Confirm Password \*

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## User Details

Please complete the information requested regarding the Primary Contact (**the user registering their email address and password**), Secondary Contact (an additional person that can respond to inquiries pertaining to the grant application) and the Authorized Signer (the person within your organization that is legally authorized to sign the Letter of Agreement if the grant is approved).

\* Primary Contact First Name

\* Primary Contact Last Name

Primary Contact Salutation

\* Primary Contact Title

\* Primary Contact Phone Number  Ext...  Select type...

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)?  Yes

If no, name the person with legal authority to sign on behalf of your organization.  No

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\* Is the Primary Contact authorized to sign Letters of Agreement (LOAs)?

Yes

If no, name the person with legal authority to sign on behalf of your organization.

No

\* Authorized signer's name

\* Authorized signer's phone

 Ext... 

Authorized signer's fax

 Ext...

\* Authorized signer's email

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### Thank You

Thank you for registering with the Janssen Educational Grants System.

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](#)