**Actelion Pharmaceuticals US, Inc.**

**CERTIFICATION OF SEPARATION**

**(Required for all Requesting Organizations and Third Parties)**

1. I, **Name, Job Title**, of ***Requesting Organization/Third Party,*** hereby certify that:

***Requesting Organization/Third Party*** is not now, nor has been at any time during the last twelve months, involved in providing or supporting advertising or other company-directed activities in the U.S. to Actelion Pharmaceuticals US, Inc. or Actelion Pharmaceuticals Ltd. in the same therapeutic area as proposed in the accompanying grant application. Company-directed activities include, but are not limited to, advertising/promotional services, advisory boards/consultant meetings, promotional speaker’s bureaus and publication planning.

**OR**

*[If this company is part of a larger organization that owns another company (ies) that has handled commercial or other company-directed activities in the U.S. to Actelion Pharmaceuticals US, Inc. or Actelion Pharmaceuticals Ltd. within the last 12 months]*

**(II)** I, **Name, Job Title**, of ***Requesting Organization/Third Party***, herby certify that:

***Requesting Organization/Third Party*** is not now, nor has been in the past 12 months, involved in providing advertising or other company directed activities or services in the U.S. to Actelion Pharmaceuticals US, Inc. or Actelion Pharmaceuticals Ltd. in the same therapeutic area as proposed in the accompanying grant application. Company-directed activities include, but are not limited to, advertising/promotional services, advisory boards/consultant meetings planning, promotional speaker’s bureaus and publication planning.

***Requesting Organization/Third Party*** is owned by ***Parent Company***. ***Parent Company*** also owns ***Commercial Vendor***, a company that is or has been involved during the past 12 months in commercial or other company directed activities in the U.S. for Actelion Pharmaceuticals US, Inc. or Actelion Pharmaceuticals Ltd.

***Requesting Organization/Third Party*** is a separate legal entity from ***Commercial Vendor***, and has a separate tax identification number from ***Commercial Vendor***.

***Requesting Organization/Third Party*** does not share office space with ***Commercial Vendor***.

The account management, editorial, sales, project planning personnel and medical advisors, both employees as well as outside consultants, of ***Requesting Organization/Third Party*** are distinct and separate from the account management, editorial, sales, project planning personnel and medical advisors of ***Commercial Vendor***.

***Requesting Organization/Third Party*** does not have access to records or computer systems impacting on program content or project-related content maintained by ***Commercial Vendor***.

Employees of ***Requesting Organization/Third Party*** do not and will not engage in communications with employees of ***Commercial Vendor*** regarding Actelion Pharmaceuticals US, Inc. or Actelion Pharmaceuticals Ltd.

**Required Signatures**

**Signature of President/CEO or CME/CE Director or compliance officer required**

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| ***If any of the above information changes, I will notify Actelion Pharmaceuticals US, Inc. immediately at 1-866-447-2687 (866-4GRANTS) or send an e-mail to EdGrants@ompus.jnj.com.***  **Requesting Organization OR Third Party (if applicable)** | |
| **Enter Name, Title, Date** | **Enter Name, Title, Date** |

Signature: Signature: