

ID/パスワード登録の手引き

本手引きは、新しい申請システムで医学教育イベント助成に申請いただく皆様が、ID及びパスワードを登録する為の手引きです。

①



申請方法

1.メールアドレスの登録とパスワードの取得	+
2. 申請手続き	+
3. 申請対象となる試験・研究	+
4. 申請にあたっての留意点	+
5. 審査（レビュー）	+
6. 結果案内	+
7. 助成契約の締結	+
8. 助成金の使途	+
9. 中間報告及び実施報告	+
10. 情報の取り扱い	+
11. 情報公開	+

申請ページへ

クリックしてください



②

クリックしてください

First time user? [Create your password](#)

Please Log In

Independent Medical Education Application

* E-mail Address:

* Password:

[Show password](#)

LOG IN

[Forgot your password?](#)

Please note that you must have cookies and JavaScript enabled on your browser in order to successfully log in.

[Technical Questions](#)



③

プルダウンメニューから
Otherを選択してください

* Please select the region in which you are located:

CONTINUE

CANCEL

Otherを選択されましたら
"CONTINUE"をクリックしてください

[Technical Questions](#)



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Registration Information

[注意] *

ご登録いただくメールアドレスは、GmailやYahoo!メール等のフリーメールサービスのアドレスはご使用になれません

* indicates required field

When you register on this website the personal information you provide will be used to establish and administer any resultant ongoing relationship with you. For more information, please see the [Pfizer Privacy Policy](#).

PLEASE NOTE: In the IRS Section below, the Tax ID field states "Enter the nine digit US Tax ID of the 501(c)(3) non-profit organization for which you are applying". The requesting organization is not required to be a 501(c)(3) non-profit organization to submit a Medical Education application; however, you must still enter your Tax ID number.

苗字を英語で入力してください

名前を英語で入力してください

* First Name: Tarou

* Last Name: Pfizer

* Telephone Number: 1234567890

電話番号を半角数字で入力してください

* E-mail Address: Please enter your e-mail address, e.g. yourname@yourdomain.com. You will need your e-mail address to log in.

メールアドレスを入力してください *

aaaaa@Pfizer.com

* Password: The password must be between [] and [] character and the following special characters '!#\$%&@'.

上で設定したパスワードを再入力してください

.....

* Confirm Password:

パスワードをご自身で設定してください
-以下の条件を満たす必要があります-
* 6文字~32文字
* アルファベット1字以上含む
* 数字 1 字以上含む
* 「!,#,\$,-,@」のいずれかの文字を 1 字以上含む

* Organization Name: Enter the legal name of the organization for which you are applying.

主催団体の正式名称を英語で記載してください
学術集会等へのご申請の場合は、主催学会の名称を入力願います

Pfizer

Postal Code:

Country: Japan

プルダウンメニューから"Japan"を選択してください

Tax ID/Charity ID (if applicable): Enter the nine digit U.S. Tax ID of the 501(c)(3) non-profit organization for which you are applying. If you do not know the organization's Tax ID, please contact the IRS toll-free at 1-877-829-5500. If your organization is not located in the United States or otherwise does not have a U.S. Tax ID number then leave this field empty.

郵便番号を半角数字で入力してください

.....

入力不要です

SAVE

CANCEL

すべての入力が完了しましたら "SAVE"をクリックしてください



⑤

[EDIT PROFILE](#)[LOGOUT](#)

The organization you are currently associated with is Pfizer (Organization ID 21683934).

This site is intended for submitting an application for an independent medical education grant. This is a type of grant which consists of Pfizer funding for independent medical education (MedEd) activities or initiatives which serve to maintain, develop, or increase the knowledge, skills, and/or professional performance of a healthcare professional (e.g. continuing medical education, continuing health education, continuing education). MedEd activities or initiatives may or may not be accredited. If you have any questions please email GlobalMedicalGrants@pfizer.com

We recommend that you [familiarize yourself with the online application](#) before you begin. To create a new application, click the "Start a New Application" link at the bottom of this page. You may also save your applications now and return to work on them later. To continue work on an unsubmitted application, click the "Continue" link next to the application's Project Title. To view an application previously submitted to Pfizer, click the "View" link next to the appropriate Project Title.

To help you monitor your progress, follow the timeline just below the tabs listed across the top of each page. The timeline and shaded tab will indicate your current position within the application process. If you have technical questions regarding this application, use the link located at the bottom of every page to contact the support team. For Grant Program Questions contact Global Medical Grants at GlobalMedicalGrants@pfizer.com.

Submit a Request

» START A NEW INDEPENDENT MEDICAL EDUCATION APPLICATION «

[Technical Questions](#)

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本画面にてID/パスワードの登録は完了です。

ID: 登録いただいたメールアドレス

パスワード: 登録いただいたパスワード

申請は、申請の手引きをご覧ください。