

## CE Verification of Attendance

**PLEASE NOTE: This is not a CE credit claim form, please access your MY TRANSCRIPT account on the DIA website to claim CE credit.**

Instructions for Completion of Form:

- Please write your name below (please print clearly)
- For each session attended, place a check mark in the appropriate box
- Sign and date the form below and return this to CE@DIAglobal.org by **December 16, 2021** and
- Be sure to claim your CE credit by accessing your DIA account and go to My Transcript on **December 23, 2021**

All sessions listed below are eligible for ACPE credit unless otherwise noted

Print Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Time	Title	Attended
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### Wednesday, December 8

10:00-10:30AM	Welcoming Remarks and Keynote Remarks from the Members of the House; Personalized Medicine Caucus	
10:30-11:45AM	Session 1: Optimizing Use of Personalized Medicine and Diagnostics for Patients	
12:00-1:15PM	Session 2: Companion Diagnostics Beyond Oncology	
1:45-3:00PM	Session 3: Expediting Companion Diagnostics for Accelerated Therapies and Beyond Breakthrough	
3:15-4:30PM	Session 4: Digital Health & Personalized Medicine	

### Thursday, December 9

10:00-11:15AM	Session 5: Planning for the IVDR in Europe	
11:30AM-12:45PM	Session 6: COVID Diagnostic Tests Lessons Learned	
1:45-3:00PM	Session 7: Global Developments & Potential Impact to Co-Development Strategies	
3:15-4:30PM	Session 8: The VALID Act	

“By signing below, I hereby attest that the sessions listed above accurately reflects my participation in this educational activity. I understand continuing education credit is only available for the total number of CEUs advertised and that I cannot receive partial credit for IACET. Furthermore, I understand that complete attendance is necessary in order to be eligible to receive IACET credit. I do hereby attest that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, or concealment of information may subject me to the rescindment of CE credit.”

By checking this Box I authorize my signature.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_