

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 **October 14, 2022**
- Access your DIA account and select My Transcript to claim your ACPE credit, available on **Friday, October 21, 2022.**

Print Name: _____ Email Address: _____

Time	Title	Attended
Thursday, October 6		
10:00-10:05AM	Welcome Remarks	No CE
10:05-10:45AM	Keynote Address	
11:00AM-12:00PM	Session 1: Advancing Health Equity for Diverse Populations	
12:30-1:30PM	Session 2: Changing Organizational Culture to Embrace Diversity, Equity, and Inclusion (Part 1)	
1:45-2:45PM	Session 3: Changing Organizational Culture to Embrace Diversity, Equity, and Inclusion: Setting Yourself Up for Culture Change Success (Part 2)	
3:00-3:45PM	Session 4: Q&A Session for Changing Organizational Culture to Embrace Diversity, Equity, and Inclusion	
4:00-5:15PM	CureAccelerator Live! for DEI (Brought to you by Cures Within Reach)	No CE
Friday, October 7		
9:00-9:30AM	Welcoming Remarks, CureAccelerator Winner Announcement and DIA Diversity & Inclusion Community and Think Tank Update	No CE
9:35-10:50AM	Session 5: Integrating Community Engagement in Clinical Trials	
11:20AM-12:35PM	Session 6: How Can Changes in Protocol Development and Design Impact DEI?	
12:50-1:50PM	Session 7: Missing the Trees for the Forest: Defining Data from a Race and Ethnicity Perspective	
2:05-3:20PM	Session 8: Perspectives on Patient Engagement in Clinical Trials: Sites, Sponsors, and Mythologies	
3:35-4:35PM	Session 9: Increasing Diversity of the Clinical Research Talent Pipeline	
4:35-4:50PM	Closing Remarks	

"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.

Signature: _____ Date: _____