

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 23, 2020 and
- Be sure to claim your CE credit by accessing your DIA account and go to My Transcript on October 30, 2020

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

Print Name: _____ Email Address: _____

Time	Title	Attended
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Wednesday, October 14

1:00-3:00PM	Primer: APPs/Digital Health in Combination Products - QMS and Risk Management Opportunities and Challenges	
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Thursday, October 15

10:00-10:15AM	Welcome and Opening Remarks	No CE
10:15-10:55AM	Keynote Address - Future of Medicine: Combination Products	
11:00AM-12:00PM	Session 1: Updates and Insights from the Office of Combination Products (OCP)	
12:30-1:30PM	Session 2: Trends and Updates from a Global Perspective: International Regulation of Combination Products and Opportunities for Collaboration	
2:30-3:30PM	Session 3: Industry Best Practices and FDA Feedback on Optimal Combination Product Submissions	
4:00-5:00PM	Session 4: Device Post Market Safety Management in a Drug Product World	

Friday, October 16

10:00-10:05AM	Welcome to Day 2	No CE
10:05-11:05AM	Session 5: EU Medical Device Regulation (MDR): Implication to Integral and Non-Integral (Co-Packaged Products)	
11:35AM-12:35PM	Session 6: Technical and Regulatory Considerations for an On-Body Injector	
1:35-2:35PM	Session 7: Digital Combination Products: Real World Experiences, Lessons Learned, and Opportunities	
3:04-4:05PM	Session 8: Panel Discussion on Human Factors for Combination Product Development	
4:05-4:20PM	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.

Print Name: _____ Date: _____