

## 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:

- Attend the entire live virtual short course and/or one or both days of the conference
- 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](mailto:CE@DIAglobal.org) by **November 2, 2021** and
- Be sure to claim your CE credit by accessing your DIA account and go to My Transcript on **Tuesday, November 9, 2021**

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

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

Time	Title	Attended
------	-------	----------

Monday, October 25

10:00-11:25AM	Opening Remarks and Session 1: Year in Review	
12:00-1:15PM	Session 2: What's New in RWE Generation? A Global Regulatory Update	
2:00-3:15PM	Session 3: How Does the Growing Use of RWE to Support Regulatory Decision-Making Impact Generation of Post-Marketing RWE?	
3:45-5:00PM	Session 4: Cross Industry Consortia Addressing RWE: Impact and Future Directions	

Tuesday, October 26

10:00-11:15AM	Session 5: RWE Studies to Support Effectiveness in Regulatory Decision-making	
11:45AM-1:00PM	Session 6: RWE in Payer and HTA Decision Making and Considerations for R&D Organizations	
2:00-3:15PM	Session 7: Leveraging COVID-19 Learnings to Transform Clinical Trials using RWE	
3:45-5:15PM	Session 8: The Future of RWE - Emerging Trends and Opportunities to Benefit Patients and 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: \_\_\_\_\_