

DIA/FDA Complex Generic Drug Device Combination Products Conference

October 19-20, 2020

Virtual Event



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 27, 2020 and
- Be sure to claim your CE credit by accessing your DIA account and go to My Transcript on November 3, 2020

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

Print Name: _____ Email Address: _____

Time	Title	Attended
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Monday, October 19

10:00-10:15AM	Welcome and Opening Remarks	No CE
10:15-10:45AM	Session 1: Keynote Address	
10:55AM-12:40PM	Session 2: Overview of Complex Generic Drug-Device Combination Product Regulation	
1:00-2:45PM	Session 3: Bioequivalence and Quality Considerations for Inhalation and Nasal Drug-Device Combination Products	
3:15-5:15PM	Session 4: Considerations for Development and Regulatory Review for Injection Devices	

Tuesday, October 20

10:00-10:05AM	Welcome to Day 2	No CE
10:05-11:35AM	Session 5A: Considerations for Demonstrating Bioequivalence for Generic Intra-vaginal Rings and Intrauterine Systems	
12:00PM-1:30PM	Session 5B: Intravaginal-Ring and Intrauterine-System Product Development and Quality Considerations	
2:00-4:00PM	Session 6: Complex Topical and Transdermal Drug-Device Combination Products	
4:30-6:15PM	Session 7: Challenges and Opportunities in Post Marketing Pharmacovigilance and Lifecycle Management for Complex Generic Drug-Device Combination Products	
6:15-6:45PM	Session 8: 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: _____