

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 16, 2020 and
- Be sure to claim your CE credit by accessing your DIA account and go to My Transcript on October 23, 2020

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

Print Name: _____ Email Address: _____

Time	Title	Attended
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Thursday, October 8

10:15-10:30AM	Welcome and Opening Remarks	No CE
10:30-11:30AM	Session 1: Master Protocols: Where Have We Been? How Far Have We Come?	
11:45AM-1:30PM	Session 2: Lessons Learned from Completed and Ongoing Master Protocols	
2:30-3:30PM	Session 3: Lessons Learned from Ongoing Master Protocol Platform Trial	
3:45-4:15PM	Session 4: Addressing Common Challenges—Clinicaltrials.gov Registration and IRB Reviews	
4:25-5:25PM	Session 5: Data and Information Sharing in Complex Innovative Trials	

Friday, October 9

8:30-10:00AM	Session 6: COVID-19 Learnings: Research Done Differently	
10:15-11:45AM	Session 7: Global Regulatory Landscape/Perspectives	
12:15-1:15PM	Session 8: Pushing the Boundaries of Master Protocol Studies: Frontiers of Design Innovation and Patient Engagement	
1:15-2:00PM	Closing Keynote Address	

"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: _____