

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 13, 2021**
- Be sure to claim your CE credit by accessing your DIA account and go to My Transcript on **Wednesday October 20, 2021**

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

Print Name: _____ Email Address: _____

Time	Title	Attended
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Tuesday, October 5

10:00-10:40AM	Opening Remarks and KeynoteAddress	
11:00AM-12:15PM	Session 1: Advances in Regulatory Thinking in Science and Knowledge	
1:00-2:15PM	Session 2: Switching and Interchangeability	
2:45-4:00PM	Session 3: How Different Is Too Different? Differentiation Opportunities and Challenges for Biosimilars	

Wednesday, October 6

9:30-10:00AM	Round Table Breakouts	No CE
10:00-11:15AM	Welcome and Session 4: Ask the Regulator	
11:45AM-1:00PM	Session 5: Biosimilars Role in Health Recovery, Disparities, and Equity	
1:45-3:00PM	Session 6: Payer Market Dynamics	
3:30-5:00PM	Session 7: US Biosimilar Market Policy 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."

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By checking this Box I authorize my signature.

Print Name: _____ Date: _____