

Special Topic: Risk Management in Combination Product Development

October 13-14, 2021

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 21, 2021** and
- Be sure to claim your CE credit by accessing your DIA account and go to My Transcript on **Thursday October 28, 2021**

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 13

10:00-10:40AM	Session 1: Welcome and Keynote: Integrated Risk Management Approach for Combination Products	
11:10AM-12:10PM	Session 2: Overview of Risk Management	
1:10-2:10PM	Session 3: Pre-Market Stage of the Product Lifecycle	
2:40-3:40PM	Session 4: Risk Management and The Transfer to Operations: Including a Digital Health Perspective	
4:10-5:10PM	Session 5: Post-Market Stage of the Product Lifecycle	

Thursday, October 14

9:50-10:00AM	Welcome to Day 2	No CE
10:00-11:00AM	Session 6: Informational Session with EU	
11:15AM-12:15PM	Session 7A Utilizing Continuous Market Feedback to Inform Future Decision Making for Your Combination Product	
12:30-1:30PM	Session 7B Utilizing Continuous Market Feedback to Inform Future Decision Making for Your Combination Product	
2:00-3:30PM	Session 8: Reacting to Market Feedback for Changes in Advanced Technology	
3:45-5:15PM	Session 9: Risk Management in Digital Combination Product Development and Lifecycle Management	
5:15-5:15PM	Closing Remarks	No CE

"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: _____