

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 November 12, 2021 and
- Be sure to claim your CE credit by accessing your DIA account and go to My Transcript on November 19, 2021

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

Print Name: _____ Email Address: _____

Time	Title	Attended
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Thursday, November 4

10:00-10:15AM	Welcome and Opening Remarks	No CE
10:15-10:45AM	Session 1: Session 1: Keynote – Patient Advocacy	
11:00AM-12:15PM	Session 2: Decision Making for Master Protocols	
12:45-2:00PM	Session 3: The Art of Implementing and Conducting Platform Trials	
2:15-3:30PM	Session 4: Innovative Uses of Alternative Data Sources	
3:45-5:00PM	Session 5: Challenges in the Integration of Digital Data and Telemedicine to Clinical Trials	

Friday, November 5

9:50-10:00AM	Welcoming Remarks	No CE
10:00-11:15AM	Session 6: Global Regulatory Discussion - Perspectives from Cross-Region Regulatory Authorities	
11:30AM-12:45PM	Session 7: Complex Innovative Trial Designs: From Pilot to Practice	
1:30-2:45PM	Session 8: Innovative Designs for Acute Myeloid Leukemia: Patient, Sponsor, and Investigator Perspectives	
3:00-4:15PM	Session 9: Clinical Research in a Global Pandemic: Lessons Learned for Drug Development	
4:15-4:30PM	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: _____