

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 February 2, 2022 and
- Be sure to claim your CE credit by accessing your DIA account and go to My Transcript on Wednesday, February 9, 2022.

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

Print Name: _____ Email Address: _____

Time	Title	Attended
Monday, January 24		
9:00-10:00AM	Session 1: Welcome and Opening Remarks Keynote	
10:30-11:30AM	Session 2: Effective Risk Communications in the COVID Era	
12:30-2:00PM	Session 3: Vaccine Safety Management	
2:30-4:00PM	Session 4: FDA Updates in Pharmacovigilance	
Tuesday, January 25		
9:00-10:00AM	Session 5: Asia & LATAM Updates	
10:30-11:30AM	Session 6: Regulatory Updates from the UK & EU	
12:30-1:30PM	Session 7: AI and PV - Current Implementations and Future Directions	
2:00-3:00PM	Session 8: Safety Signaling and Evaluation: Practical Considerations and Tools	
Wednesday, January 26		
9:00-9:15AM	DIA Global PV Roadmap and Intro to PV Track for GAM	No CE
9:15-10:15AM	Session 9: Planning a Trial with Safety in Mind	
10:45-11:45AM	Session 10: Post Approval Safety Studies: Approaches to Assessing Medication Exposure and Potential Safety Risks During Pregnancy	
12:45-1:45PM	Session 11: Managing Drug Risks - Regulatory Updates and Industry Perspectives	

"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: _____