

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 17, 2020 and
- Be sure to claim your CE credit by accessing your DIA account and go to My Transcript on November 24, 2020

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

Print Name: _____ Email Address: _____

Time	Title	Attended
------	-------	----------

Friday, November 6

12:30-4:30PM	Short Course 1: Introduction to Real World Data for Data Geeks	
--------------	--	--

Monday, November 9

10:15-11:45AM	Session 1: International Updates on RWE in Regulatory Decision Making	
12:15-1:30PM	Session 2: The Selection and Use of External Comparators for Expedited Drug Development	
2:00-3:15PM	Session 3: Novel Randomized RWE Trial Designs to Inform Regulatory Decisions	
3:45-5:00PM	Session 4: Digital Technology in RWD Collection and Analysis	

Tuesday, November 10

10:00-11:15AM	Session 5: What Will the Generation and Application of RWE Look Like in 2030?	
11:45AM-1:30PM	Session 6: COVID-19 Hot Topic	
2:00-3:15PM	Session 7: Emerging RWE Case Studies	
3:15-3:30PM	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: _____
