

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 14, 2020
- Be sure to claim your CE credit by accessing your DIA account and go to My Transcript on October 21, 2020

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

Print Name: _____ Email Address: _____

Time	Title	Attended
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Monday, October 5

12:00-3:30PM	Short Course 1: Current Biosimilar Policies: An Interactive Boot Camp for US Market Success	
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Tuesday, October 6

10:00-10:15AM	Welcome and Opening Remarks	No CE
10:15-10:45AM	Session 1: Keynote Address	
10:55AM-12:10PM	Session 2: Biosimilars During a Pandemic	
12:40-1:55PM	Session 3: Streamlining Biosimilar Clinical Development	
2:20-3:35PM	Session 4: A Success of Our Own: How Do We Define the U.S.' Biosimilar Success Story?	
4:05-5:20PM	Session 5: What Will Biosimilars Look Like in Five Years?	
5:30-6:15PM	Reception Round Tables - Round 1	No CE

Wednesday, October 7

10:00-11:15AM	Session 6: Growing Clinical Use and Experience: What Can be Learned From Key International Initiatives?	
11:15AM-12:40PM	Session 7: Prescriber and Patient Confidence with Biosimilar Use	
1:10-2:40PM	Session 8: Stakeholder Voice: Biosimilar Decision Making	
3:00-4:15PM	Session 9: Regulatory Landscape - Ask the Regulators	
4:15-4:30PM	Closing Remarks	
4:40-5:25PM	Reception Round Tables - Round 2	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: _____
