



**TRAINING ON  
CONFORMITY ASSESSMENT PROCEDURES ON TECHNICAL DOCUMENTATION & VERIFICATION  
(FOR THE PURPOSE OF MEDICAL DEVICE REGISTRATION UNDER THE ACT 737)**

which to be held as follows

Date (Day) : **SEPTEMBER 21ST & 22ND, 2020 (MONDAY & TUESDAY)**  
Time : **8.30 AM – 5.00 PM**  
Venue : **ONLINE TRAINING**

**ELIGIBILITY**

- Mandatory for registered CAB with at least one scope of MD Technical Areas
- Registered technical personnel and auditors attached to CAB
- Participants who had failed the previous training's examination
- Those who have the expired Certificate of Proficiency
- Personnel of the establishment, certification bodies, consultant companies, etc.

**OBJECTIVES**

- To comprehend the Conformity Assessment Procedure in accordance to Third Schedule of the Medical Device Regulations 2012
- To comprehend the Conformity Assessment Procedure by Way of Verification in accordance to Circular Letter Number 2 Year 2014

**TENTATIVE PROGRAM**

**SEPTEMBER 21, 2020 (MONDAY)**

08.45 AM Registration  
08.55 AM Briefing  
09.00 AM Conformity Assessment Procedure (Third Schedule)  
10.45 AM Conformity Assessment by Way of Verification & DoC  
12.30 PM Classification of General Medical Device  
01.30 PM Break  
02.30 PM Classification of *In Vitro* Diagnostic Medical Device  
03.30 PM Self-Study  
04.00 PM Online Examination (40 Questions)  
05.00 PM End of session

**SEPTEMBER 22, 2020 (TUESDAY)**

08.45 AM Registration  
8.55 AM Briefing  
09.00 AM Grouping of General Medical Device  
09.30 AM Grouping of *In Vitro* Diagnostic Medical Device  
10.00 AM CSDT & EPSP of *In Vitro* Diagnostic Medical Device  
11.00 AM CSDT & EPSP of General Medical Device  
12.00 AM Case Study (Individual Presentation)  
01.00 PM Break  
02.00 PM Case Study (Individual Presentation)  
03.30 PM Self-Study  
04.00 PM Examination (40 Questions)  
05.00 PM End of session

**REGISTRATION & TRAINING FEE**

Training fee per participant : **RM 1400.00**

Application for the training shall be made via provided **Registration Form**

Should you have any enquiries, please do not hesitate to contact the Training Secretariats:  
**FEZRI BIN AZIZ (En.)** at 03-8230 0395 or [fezriaziz@mda.gov.my](mailto:fezriaziz@mda.gov.my)  
**NUR RASIDAH BINTI NGASBON (Pn.)** at 03-8230 0211 or [nurrasidah@mda.gov.my](mailto:nurrasidah@mda.gov.my)



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**REGISTRATION FORM**

*Title	Dato' / Datuk / Datin / Prof. / Assoc. Prof / Dr. / Ir. / Mr. / Mrs. / Puan / Ms.		
Full Name			
Name on ID Card		*IC / Passport No.	
Organization Name & Address			
Telephone No.		Facsimile No.	
Handphone No.		E-mail Address	
*Vegetarian?	Yes / No	*Required Invoice?	Yes / No
Training Fee	<b>RM 1400.00 / participant</b> <ul style="list-style-type: none"> <li><i>Inclusive of refreshments, lunch, training materials, examination &amp; certificate.</i></li> <li><i>Training fee does not include accommodation &amp; travelling costs.</i></li> <li><i>Confirmation of registration will be valid upon the receipt of the Registration Form &amp; enclosed with the copy of the bank draft.</i></li> <li><i>Please submit the copy of bank draft (.pdf format) to <a href="mailto:cab.training@mdb.gov.my">cab.training@mdb.gov.my</a>.</i></li> </ul>		
Payment Mode	The training fee shall be made through Bank Draft / Local Order and payable to <b>“KUMPULAN WANG PIHAK BERKUASA PERANTI PERUBATAN”</b> <ul style="list-style-type: none"> <li><i>Information on the CAB TRAINING FEE &amp; PHONE NO. OF PARTICIPANT must be written at the back of the bank draft but not in the existing table.</i></li> <li><i>Payment receipt will be issued upon the receipt of the original bank draft during the registration day.</i></li> </ul>		
	*Bank Draft / Local Order No.		Amount
			RM 1400.00
	Bank Name		

\*Please select your option