



**TRAINING ON  
CONFORMITY ASSESSMENT BODY REGISTRATION UNDER THE ACT 737  
(MEDICAL DEVICE ACT & REGULATIONS 2012)**

which to be held as follows

Date (Day) : **NOVEMBER 21, 2019 (THURSDAY)**  
Time : **8.30 AM – 5.00 PM**  
Venue : **BILIK SEMINAR 1 & 2, LEVEL G, PRIMA 9, 63000 CYBERJAYA**

**ELIGIBILITY**

- Eligible auditors of the CAB
- Eligible technical personnel of the 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 Medical Device Act 2012 (Act 737)
- To comprehend the Medical Device Regulations 2012 (MDR 2012)
- To enlighten the CAB on regulatory requirements

**TENTATIVE PROGRAM**

08.30 AM	Registration
09.00 AM	Medical Device Act 2012 (Act 737)
10.30 AM	Morning Break
11.00 AM	Medical Device Regulations 2012 (MDR 2012)
12.15 PM	Federal Government's Gazetted Orders
01.00 PM	Lunch Break
02.00 PM	Medical Device Authority's Circular Letters
02.40 PM	Medical Device Authority's Guidance Documents
03.20 PM	Registration Processes for CAB & Personnel
04.00 PM	Examination (40 Questions)
05.00 PM	Evening Break & End

**REGISTRATION & TRAINING FEE**

Training fee per participant : **RM 700.00**  
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:  
**WAN HUSNIATI BINTI WAN ABDULLAH (Pn.)** at 03-8230 0398 or [whusniati@mda.gov.my](mailto:whusniati@mda.gov.my)  
**MOHD FADHULLAH BIN ABD HALIM (En.)** at 03-8230 0356 or [fadhullah@mda.gov.my](mailto:fadhullah@mda.gov.my)  
**FATTAHILLAH BIN SABARUDIN (En.)** at 03-8230 0312 or [fattahillah@mda.gov.my](mailto:fattahillah@mda.gov.my)  
**MUHAMMAD IZZUDIN BIN ABDUL JALIL (En.)** at 03-8230 0313 or [izzudin@mda.gov.my](mailto:izzudin@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 700.00 / participant</b> <ul style="list-style-type: none"> <li>• Inclusive of refreshments, lunch, training materials, examination &amp; certificate.</li> <li>• Training fee does not include accommodation &amp; travelling costs.</li> <li>• Confirmation of registration will be valid upon the receipt of the Registration Form &amp; enclosed with the copy of the bank draft.</li> <li>• Please submit the copy of bank draft (.pdf format) to <a href="mailto:training@mdb.gov.my">training@mdb.gov.my</a>.</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>• 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.</li> <li>• Payment receipt will be issued upon the receipt of the original bank draft during the registration day.</li> </ul>		
	*Bank Draft / Local Order No.		Amount RM 700.00
	Bank Name		

\*Please select your option