



**TRAINING ON  
CONFORMITY ASSESSMENT PROCEDURES ON QMS & PMSS  
(FOR THE PURPOSE OF ESTABLISHMENT LICENSING UNDER THE ACT 737)**

which to be held as follows

Date (Day) : **NOVEMBER 22, 2019 (FRIDAY)**  
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 Conformity Assessment Procedure on QMS
- To comprehend the Conformity Assessment Procedure on PMSS
- To enlighten the CAB on regulatory requirements

**TENTATIVE PROGRAM**

08.30 AM Registration  
09.00 AM Conformity Assessment on QMS  
10.00 AM Morning Break  
10.15 AM Good Distribution Practice for Medical Device (GDPMD)  
11.00 AM Conformity Assessment on PMSS  
12.00 PM Enforcement  
01.00 PM Lunch Break  
02.00 PM MS 2058  
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**.

Abbreviation:

CAB – Conformity Assessment Body

QMS – Quality Management System

PMSS – Post-Market Surveillance System

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