

Notice on Application for the Establishment of GHWP Academy in 2023

To facilitate the implementation of the *Global Harmonization Working Party Strategic Framework towards 2026*, and fulfill GHWP's mission, vision and goals, GHWP leadership team decides to establish GHWP Academy in its member countries and regions, responsible for carrying out training, research and exchange in the field of medical devices, enhancing medical device regulatory capability of its member countries and regions, promoting global medical device regulations toward convergence, harmonization and reliance, and protecting and promoting people's health across the globe.

Application Form are encouraged to submit to the GHWP Secretariat (secretariat@ghwp.info) by 23rd October 2023 (Monday). For more details, please refer to the *Measures for the Building of GHWP Academy*.

Please feel free to contact us if you have any questions.

Attachment: Application Form for GHWP Academy

Application Form for GHWP Academy

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|---------------------------------|--|--|----------------|
| Applicant | | | |
| Project Leader | Name | | Job Title |
| | Address | | Contact Number |
| GHWP Member Country/Region | | | |
| Check List for Applicant | | | |
| Training Facilities | 1. Is the organization considered a reputable university/institution of higher education in GHWP member countries/regions? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 2. Is there a major in medical devices or related area? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 3. Does the organization maintain good communication with the regulatory authorities in your country/region? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 4. Is there a stable fund-raising channel? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 5. Have the capacity to hold on-site training for more than 100 participants regularly? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 6. Is your institution location of medical device industrial concentration and transportation convenience? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 7. Is there a mature training base or stable partner(s) to support the training? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 8. Is there excellent management to support the training? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Training Ability | 1. Have the organization staff actively participate in GHWP annual meeting and GHWP TC open meeting? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 2. Have the organization possessed a pool of outstanding trainers? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 3. Have the ability to organize the training at least twice a year? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 4. Could the establishment of GHWP Academy be completed within six months? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 5. Is the organization with the ability to formulate training curriculum that meet the needs of potential trainees from GHWP member countries/regions? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 6. Is the organization interested in promoting the convergence, coordination and reliance of medical device regulations? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| | 7. Can the organization propose the training program of the next year in the fourth quarter of each year and report at the GHWP annual meeting? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Application | | |
| Applicant should submit the application, which includes the contents of training, modes of training, faculty team, development fund, etc. in accordance with <i>Measures for the Building of GHWP Academy</i> , to demonstrate the features and advantages of their training, research and exchanges activities. Application in PDF format and the Application Form should be submitted. | | |
| I hereby confirm that the information provided in this form, as well as the attached application, is complete, true and correct to the best of my knowledge. By my signature, I acknowledge that I have read, understand, and agree to the <i>Measures for the Building of GHWP Academy</i>. | | |
| Training Dept. Director: <i>(Full Name, Signature and Date)</i> | Organization Director: <i>(Full Name, Signature and Date) & (Organization Stamp)</i> | |
| GHWP Industry Primary Representative <i>(from the same GHWP member country/region of the applicant organization):</i> <i>(Full Name, Signature and Date)</i> | GHWP Regulatory Authority Primary Representative <i>(from the same GHWP member country/region of the applicant organization):</i> <i>(Full Name, Signature and Date)</i> | |
| <i>(- End of the Application Form-)</i> | | |