



IMDRF Working Group Member Application Form

Per section 5.2.4 of the IMDRF Standard Operating Procedures, applications to join IMDRF Working Groups must be submitted to the working group Chair and Co-Chair(s) Contacts can be found on the relevant working group pages.

Contact Details for Applicant:

Name of Applicant Organization:

Contact Person(s):

Title:

Address:

Phone:

Email:

Nominated working group:

Nominated individual:

- | | | |
|---|-----|------|
| 1. Is your organization a Regulatory Authority for medical devices? | Yes | No |
| 2. Are you part of an organization which is not a Regulatory Authority? | Yes | NoNo |

If yes, please provide the name of your nominating authority or organization.

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|---|-----|----|
| 3. Has your organization applied to other IMDRF Working Groups? | Yes | No |
|---|-----|----|

If so, please provide the name of the Working Groups and status of the application.

3. Provide justification for your nominated individual's participation in the Working Group.

4. Describe your nominated individual's technical capacity or expertise.

5. Provide details on your nominated individual's ability to attend face to face or hybrid meetings and teleconferences for the Working Group.

6. Provide details on your nominated individual's ability to actively contribute to the activities of the Working Group.

Signature*

Date

** This document should be signed by the contact person listed in the application form*