



EX2 Certificate EXAM

20th July 2023



**The day will start at 14:45 with registration and coffee for a prompt start at 15:15.
We aim to finish by 17:30.**



Venue -

Course Outline

The Course

The exam was originally designed to assist members without a life science degree to gain Registered Member (RICR) status. Although this is still the case, the exam is now predominantly used to assist our members continuing professional development, as the exam demonstrates a candidates' broad knowledge of the essential aspects of clinical research.

Learning Objectives

Certificate

This may be taken once the theory and basic principles of clinical research are acquired. This exam consists of 60 Multiple Choice Questions. If the certificate exam is booked at the same time as The Introduction to Clinical Trials and Clinical Trial Practice course candidates will qualify for a discounted fee of £50.

Certificate 2 hours

25% extra time available if accommodation requested - i.e. dyslexic etc.

Who would benefit

The certificate exam may be taken by anyone who feels that they have sufficient knowledge of Good Clinical Practice.

Course Fees

Guest	£100.00
ICR Member	£100.00
ICR Member Academic	£100.00

Pre-Course Questionnaire - To be completed by all delegates

Please complete and sent to training@icr-global.org or fax to +44 01628 501 709

Course Title: EX2 Certificate EXAM

Date: 20 July 2023

Name:

Company / Hospital:

Position / Job Title:

How much experience of clinical trials do you have? (Years)

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What are you hoping to get out of the day?

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Dietary Requirements

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* The ICR will work with the venue catering team and endeavour to accommodate specific dietary requirements e.g. Vegetarian/Vegan/Gluten Free - however it may not be possible to cover all requests for dietary preferences.

The Small Print

As a matter of policy we do not issue electronic copies of the slides used.

All ICR materials are copyrighted.

All delegates receive a delegate book.

Payment must be received in advance of a training course commencing. The ICR has the right to refuse entry for non-payment. Payment by invoice must be settled within 14 days from the date of invoice.

We understand that occasionally circumstances may change and that you will be unable to attend your chosen course. Notification of cancellation must be made in writing. If you cancel **more than 14 days prior to the event**, we will refund the course less £50 to cover administration costs. If you cancel within 14 days, no refund will be payable, but we will allow you to transfer to another course of your choice.

We will accept a change of delegate at any time without you incurring a penalty. The Institute of Clinical Research reserves the right to cancel any course that is under-subscribed but will give you 7 days notice in writing and will refund your course fees without any liability for any consequential or indirect loss.

At anytime, you may transfer to the same course within 12 months, or to another course of your choice within 6 months; a £25 administration fee will be charged for such transfers.

We may also need to change the venue but will give you 7 days notice in writing of the new location.

Programmes as published are correct, however due to circumstances beyond our control, trainers, speakers and/or the programme may need to be altered occasionally.

The ICR will work with the venue catering team and endeavour to accommodate specific dietary requirements e.g. Vegetarian/Vegan/Gluten Free – however it is not possible to cover all possible requests for dietary preferences.

Please complete and sent to training@icr-global.org or fax to +44 01628 501 709

Registration Form

Please photocopy this form for further registrations

Course Title: EX2 Certificate EXAM **Course Date:** 20 July 2023

Membership No.: **Title(Dr,Mr,Mrs,etc):** **First Name:**

Surname: **Job Title:**

Company Name:

Email Address:

Confirmation of booking will be sent by email, unless you request here that it is sent by post ☐

Correspondence Address

Address:

Postcode: **Country:** **Telephone Number:**

Special Dietary Requirements

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Declaration

I agree to the terms and conditions of booking **Signature:**

Method of Payment

Please note that your place will only be confirmed when payment has been received (please tick as required)

I wish to pay the fee of

☐ I enclose a cheque payable to "The Institute of Clinical Research"

OR

☐ I wish to pay by

☐ VISA ☐ MASTERCARD ☐ DELTA ☐ EUROCARD

Card Number

Start Date **Expiry Date**

Name (as it appears on the card)

Signature of card holder

OR

☐ Please invoice my company using Purchase Order Number Invoices can only be raised when a PO no. is provided

Correspondence Address

Address:

Postcode: **Country:**