**Duke-NUS Graduate Certificate in Medical Technologies Regulations**

**Form A: Please send a copy of this completed form (2 pages) to** [**CoRE\_Education@duke-nus.edu.sg**](mailto:CoRE_Education@duke-nus.edu.sg)

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| **Name of applicant** |  |
| **Number of years of regulatory experience** |  |
| **I am interested in taking** | Choose an item. |

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Description automatically generated

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| **Please indicate your statement of purpose and reason for wanting to read courses from the Graduate Certificate in Health Products Regulation programme (250 words)** |
| Choose an item. |