



MDSAP AFFILIATE MEMBERSHIP APPLICATION FORM

Applications or questions must be submitted to the Chair of the MDSAP Regulatory Authority Council Secretariat (RAC): hc.rac-secretariat.sc@canada.ca For additional information, please refer to the MDSAP web page:

<https://www.fda.gov/medicaldevices/internationalprograms/mdsappilot/>

The RAC will officially recognize MDSAP Affiliate Member applicants after they have adequately demonstrated understanding and utilization of the program. To maintain membership, MDSAP Affiliate Members shall report annually the utilization of MDSAP report and/or MDSAP certificates to the RAC.

Contact Details for Applicant:

Name of Applicant Organization:

Contact Person(s):

Title:

Address:

Phone:

Email:

1. Are you a Regulatory Authority?

Yes No

2. Do you have any laws and regulations in place for evaluating a medical device manufacturer's QMS based on GHTF and IMDRF foundations and principles?

Yes No

If yes, please provide the relevant law or regulation, a comprehensive description of its contents and a description of related enforcement activities. Where applicable, please also reference the use of any international consensus standards, and/or any guidances developed on this topic.

3. Do you have any other laws and regulations in place for medical devices that build on GHTF and IMDRF foundations and principles? For example: pre-market evaluation, post-market surveillance/vigilance, clinical safety/performance.

Yes No

If yes, please provide the relevant law or regulation, a comprehensive description of its contents and a description of related enforcement activities. Where applicable, please also reference the use of any international consensus standards, and/or any guidances developed on these topics.

4. Have you successfully completed the MDSAP on-line training modules?

Yes No

If yes, please list names of personnel that have successfully completed the on-line training modules. Please also include contact information and dates of completion:

5. Please describe your organization's objective for becoming an MDSAP Affiliate Member and how you will benefit from participating in the program as an Affiliate Member:

Contribution to MDSAP

6. Describe how your organization contributes or can contribute resources and expertise to the objectives of MDSAP and how its membership would be a benefit to MDSAP:

Implementation of MDSAP Guidelines

7. Describe your policy/strategy regarding the implementation of MDSAP guidelines:

8. Please indicate which MDSAP documents you intend to implement or have implemented and provide relevant documentation to support evidence of implementation:

[Click here to enter a date.](#)

Signature

Date