Chartered Institute of
Professional Certifications
1006 N Rexford Street
Beverly Hills, CA 90210

Date

Dear {Manager},

I would like to enroll in the Health Canada Medical Products Regulations & Compliance program to further strengthen my expertise in Canadian medical product regulation, market authorization, and lifecycle compliance, and I would like to seek your approval to attend this program. By participating in this program, I will improve my ability to interpret Health Canada requirements, identify compliance risks, and make better-informed regulatory decisions. These capabilities will help me contribute more effectively to our organization's regulatory and market-access objectives.

Led by Sujata Ghatpande, an experienced quality and regulatory professional with more than 15 years of medical device industry experience, this program will strengthen my practical understanding of Health Canada requirements. I will build greater confidence in regulatory pathways, submissions, and licensing while enhancing my capabilities in post-market compliance, recalls, and inspections. These skills will help me support smoother market access, respond more effectively to regulatory findings, and strengthen lifecycle compliance. Some of the key skills this program will bring include:

- Health Canada Regulatory Framework & Compliance
- Risk-Based Product Classification
- MDL & MDEL Licensing Requirements
- Regulatory Submission & Market Authorization
- QMS, GMP & MDSAP Compliance
- Clinical Trial & Investigational Testing Requirements
- Bilingual Labelling & Promotional Compliance
- Post-Market Surveillance & Recall Management

I believe the knowledge and practical skills gained from this program will significantly strengthen my ability to help our organization **reduce regulatory rework, strengthen compliance preparedness, and make more defensible decisions**. This will improve both my professional effectiveness and the organization's ability to manage Health Canada requirements efficiently.

I look forward to gaining your approval to attend this virtual training program.

Sincerely,
Your Name