Please complete this form for each individual listed in the IACUC animal protocol to verify experience and training. This information will be kept on file in the animal facility for future reference.

**General Information:**

Name:

Role on protocol (PI, Technician, etc.):

Work Phone:

Email:

**Education:** List all relevant education

|  |  |  |  |
| --- | --- | --- | --- |
| **Institution Name and Location** | **Degree** | **Year** | **Field of Study** |
|       |       |       |       |
|       |       |       |       |
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|       |       |       |       |

**Experience Working with Laboratory Animals:** Please describe animal species and techniques/procedures with which you have experience relevant to your animal protocol (examples: aseptic surgery, anesthesia, euthanasia, injection, restraint, etc.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Species** | **Technique/Procedure** | **# of Times Performed** | **Date Last Performed** |
|       |       |       |       |
|       |       |       |       |
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**Howard University Requirements:**

|  |  |  |
| --- | --- | --- |
| **Requirement** | **Date Complete** | **Verified By** |
| Enrolled in Occupational Health Program |       |       |
| Collaborative Institutional Training Initiative (CITI) |       |       |
| Veterinary Services Animal Training |       |       |

**Additional Training Courses:** Please list applicable formal training classes (including classroom and online training). Documentation of training can be attached to this form in lieu of completing table below.

|  |  |  |
| --- | --- | --- |
| **Training Class Name** | **Location (i.e. institution offering class)** | **Date** |
|       |       |       |
|       |       |       |
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**Completed By:**

Printed Name:

Signature:

|  |
| --- |
| **IACUC Office Use Only****Date Reviewed:** **Reviewed by:** **Documents on file: 🞏 CITI training cert. 🞏 IACUC Approval Letter 🞏 OH&S Enrollment** **Approved by IACUC to work under protocol(s):**  |

Date: