

**General Information:** 

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

Name:

## Researcher Credentials Form for Animal Care and Use

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.

Work Phone:			
Email:			
Education: List all relevant ed	lucation		
Institution Name and Location	Degree	Year	Field of Study

**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 I	Program		
Collaborative Institutional Training	ng Initiative (CITI)		
Veterinary Services Animal Train	ing		
Additional Training Courses and online training). Documentation below.		_	_
Training Class Name	Location (i.e. institution offering class)		Date
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	:



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App	proved by IACUC to wo	rk under protocol(s):		

Date: