**Document for Protocol Specific Training**

(Use a separate sheet for each protocol)

Principal Investigator (PI): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Protocol Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Protocol Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the fields below, please list the following information: Dates in which training occurs, the trainee’s name, the species involved in the training, the procedure(s), the trainer’s name and the date that a proficient skill level was achieved. Please make sure to retain this training document with other required protocol related documents.

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| --- | --- | --- | --- | --- | --- |
| **Date** | **Trainee Name** | **Species** | **Procedures** | **Trainer Name** | **Proficiency Achieved?** |
| *1/1/24* | *Example: John Doe* | *Rat* | *SQ/IP injections* | *Jane Doe* | *Yes 1/1/24* |
| *1/2/24* | *Example: John Doe* | *Rat* | *Surgery w/aseptic tech.* | *Jane Doe* | *No* |
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