

_____ (IC) Training and Experience Form

Investigator/Technician Name: _____

ASP#/Title: _____

Phone No.: _____ Bldg/Rm: _____ Email: _____

PI Course completion dates: (Initial) _____ (Refresher) _____

AU Course completion dates: (Initial) _____ (Refresher) _____

What is your experience or training for procedures to be performed on this ASP?

Supervision and training in the techniques to be performed on this ASP will be provided by _____, and will continue until this individual is fully qualified to perform the animal activities independently.

Yes No I have read this ASP.

Yes No I understand my responsibilities for acquiring training on techniques I am asked to perform on animals as described in this ASP, but am not proficient in performing.

Investigator/Technician signature: _____ Date: _____

PI signature: _____ Date: _____