

**Training in Techniques Required for a Protocol  
TRAINING CERTIFICATION**

*This form must be completed by all students (undergraduate and graduate) and research assistants prior to performing any unsupervised surgical techniques or specialized husbandry procedures. A separate form is required for each person and each protocol. Only the Principal Investigator or a Trainer approved by the IACUC may provide certification of training.*

Name of Trainee: \_\_\_\_\_

Name of Faculty Investigator: \_\_\_\_\_

Protocol # \_\_\_\_\_  
(List only ONE protocol per form)

Protocol Title: \_\_\_\_\_  
(List FULL TITLE of project)

**TRAINER CERTIFICATION (including Principal Investigator):**

I hereby certify that \_\_\_\_\_ has received training on the following date(s):  
*(Printed Name of Trainee)*

\_\_\_\_\_ and has demonstrated competence to perform the following surgical techniques and/or specialized husbandry procedures without direct supervision:

\_\_\_\_\_  
*Signature of Trainer*

\_\_\_\_\_  
*Printed Name of Trainer*

\_\_\_\_\_  
*Date*

**FACULTY INVESTIGATOR CERTIFICATION:**

I hereby certify that \_\_\_\_\_ has received full training and demonstrated competence in the techniques noted above.

I further certify that this student/research assistant will not perform any animal research procedures in which he/she is not certified unless under my direct personal supervision.

\_\_\_\_\_  
*Signature of Faculty Investigator*

\_\_\_\_\_  
*Printed Name Faculty Investigator*

\_\_\_\_\_  
*Date*

**ANIMAL FACILITIES DIRECTOR APPROVAL:**

\_\_\_\_\_  
*Signature of Director*

\_\_\_\_\_  
*Printed Name of Director*

\_\_\_\_\_  
*Date*

*Send completed, signed form to the Office of Research Services (ORS), St. Thomas Hall 466.*

Received in ORS: