

The University of Scranton
Institutional Animal Care and Use Committee (IACUC)

**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 #

Protocol Title:

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 Dr. Gary Kwiecinski, LSC 292.