# STUDY ID HEADER: PI Name, Protocol or IRB Number, and/or Protocol Short Title

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| Research Staff (Printed) | Research Staff Signature | Protocol Version Date | Method of Training | Date training completed | Trainer Name (Printed)*(if applicable)* | Trainer Signature*(if applicable)* |
|  |  |  | □ Review with Trainer□ Self-Study□ Other (specify: \_\_\_\_\_\_\_\_\_\_\_) |  |  |  |
|  |  |  | □ Review with Trainer□ Self-Study□ Other (specify: \_\_\_\_\_\_\_\_\_\_\_) |  |  |  |
|  |  |  | □ Review with Trainer□ Self-Study□ Other (specify: \_\_\_\_\_\_\_\_\_\_\_) |  |  |  |
|  |  |  | □ Review with Trainer□ Self-Study□ Other (specify: \_\_\_\_\_\_\_\_\_\_\_) |  |  |  |
|  |  |  | □ Review with Trainer□ Self-Study□ Other (specify: \_\_\_\_\_\_\_\_\_\_\_) |  |  |  |
|  |  |  | □ Review with Trainer□ Self-Study□ Other (specify: \_\_\_\_\_\_\_\_\_\_\_) |  |  |  |
|  |  |  | □ Review with Trainer□ Self-Study□ Other (specify: \_\_\_\_\_\_\_\_\_\_\_) |  |  |  |
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|  |  |  | □ Review with Trainer□ Self-Study□ Other (specify: \_\_\_\_\_\_\_\_\_\_\_) |  |  |  |
|  |  |  | □ Review with Trainer□ Self-Study□ Other (specify: \_\_\_\_\_\_\_\_\_\_\_) |  |  |  |

\*All key personnel engaged in the conduct of the study must be trained on all approved versions of the protocol prior to implementing protocol procedures.