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| **INSTRUCTIONS**:   * Complete [**Section A**](#SectionA) **(Protocol-Specific Training in Animal Procedures)** and [**Section B**](#SectionB) **(Competency Verification & Oversight)** of the form.   ***Note****: All investigators, research staff, and course instructors working with live animals MUST complete relevant CITI training (basic, species-specific, and/or protocol-specific courses) as outlined within the ‘****IACUC CITI Training Instructions****’ document available on the UNE IACUC* [*website*](https://www.une.edu/research/integrity/iacuc)*. CITI certificates are valid for 3 years. IACUC staff will verify completion of CITI training during the submission pre-review process.*   * E-mail [iacuc@une.edu](mailto:iacuc@une.edu) for any questions you may have with regard to this form. |

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| Version Date: | Enter date when form is first completed or date when form is last updated |
| Principal Investigator: | Enter text |
| IACUC #: | Enter ‘To Be Determined’ if IACUC # not assigned yet |
| Project Title: | Enter text |

| 1. PROTOCOL-SPECIFIC TRAINING IN ANIMAL PROCEDURES |
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**Complete the table below for all individuals involved in the proposed project, including the principal investigator, research staff, and course instructor(s).**

***Note 1****: When applicable, related animal procedures within a specific category may be grouped together in the first column instead of listing out each animal procedure separately (e.g., ‘All behavioral tests described in the application’).*

***Note 2****: Do* ***NOT*** *list students participating solely in classroom or teaching activities, or Behavior Core staff performing procedures outlined in the Behavior Core Service Book, in the table below.*

| **Procedure Name or Description** | **Species** *(e.g., mice, rats)* | **Name of Individual(s) Conducting Procedure & Institutional Affiliation** | **Training Status** *(select all that apply)* |
| --- | --- | --- | --- |
| Enter text | Enter text | Enter text | All trained/competent  Some in training  Supervision required  Training not started  Refresher needed for some |
| Enter text | Enter text | Enter text | All trained/competent  Some in training  Supervision required  Training not started  Refresher needed for some |
| Enter text | Enter text | Enter text | All trained/competent  Some in training  Supervision required  Training not started  Refresher needed for some |
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| 1. **COMPETENCY VERIFICATION & OVERSIGHT** |
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| 1. **Summarize the relevant education, training, and experience of the principal investigator, instructor, and all personnel performing animal procedures under this protocol**:   ***Note****: Include academic background or degree, species-specific experience, procedural training (e.g., surgery, injections, anesthesia), and any relevant certifications or workshops completed.*  Enter text |
| 1. **Do any individuals listed in** [**Section A**](#SectionA) **need training or supervision?**  No  Yes *(answer the questions below)* 2. Identify the individual(s) who require training or supervision, and the procedure(s) they will be conducting:   Enter text   1. Describe the plan for individuals who require training or supervision:   Enter text   1. Who is responsible for overseeing training and verifying competency?   Enter text   1. How will the competency of individuals be verified before they work independently with animals?   Enter text |
| 1. **How will ongoing competency and continuing education be maintained for everyone involved in the project?**   Enter text |