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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 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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| 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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| Enter text | Enter text | Enter text | [ ]  All trained/competent[ ]  Some in training[ ]  Supervision required[ ]  Training not started[ ]  Refresher needed for some |

| 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 text1. Describe the plan for individuals who require training or supervision:

Enter text1. Who is responsible for overseeing training and verifying competency?

Enter text1. 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 |