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| **INSTRUCTIONS**:* Complete **Section A (General Training)** and **Section B (Protocol-Specific Training in Animal Procedures)** of the form.
* All study team personnel are required to complete applicable CITI training before conducting research involving animals. Refer to the Bowdoin IACUC [website](https://www.bowdoin.edu/grants-office/research-compliance/iacuc/iacuc-protocol-training-requirements.html) for information on how to create a CITI profile and what CITI training course(s) you must complete. CITI training certificates are valid for 3 years.
* Contact the IACUC at iacuc@bowdoin.edu for any questions you may have regarding 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 |
| Study Title: | Enter text |

| 1. GENERAL TRAINING
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**Complete the table below for all study team personnel, including the principal investigator and any student researchers.**

| Name | Descriptor | Last Training Taken  | Year of Completion |
| --- | --- | --- | --- |
| Enter text | [ ]  Faculty[ ]  Staff[ ]  Student[ ]  Other | [ ]  Required CITI Training Course(s) | Enter text |
| Enter text | [ ]  Faculty[ ]  Staff[ ]  Student[ ]  Other | [ ]  Required CITI Training Course(s) | Enter text |
| Enter text | [ ]  Faculty[ ]  Staff[ ]  Student[ ]  Other | [ ]  Required CITI Training Course(s) | Enter text |
| Enter text | [ ]  Faculty[ ]  Staff[ ]  Student[ ]  Other | [ ]  Required CITI Training Course(s) | Enter text |
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| Enter text | [ ]  Faculty[ ]  Staff[ ]  Student[ ]  Other | [ ]  Required CITI Training Course(s) | Enter text |

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| 1. PROTOCOL-SPECIFIC TRAINING IN ANIMAL PROCEDURES
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**Complete the table below for all study team personnel, including the principal investigator.**

***Note****: 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’).*

| Procedure Name or Description | Name of Individual(s) Qualified to Conduct the Procedure | Name(s) of Trainer | Description of Experience and/or Protocol-Specific Training Received |
| --- | --- | --- | --- |
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