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| Topic of Training: |  |
| PI Name: |  | IRB Number: |  | Site Address: |  |
|  |
| Printed Name and signature of person attending trainingDate of Signature | Role | Date of training | Type of Training (i.e., Protocol, Amendments, informed Consent Process, SAE, GCP, CITI, CHRISTUS Health CRC Training) | Printed Name and signature of Person Conducting the trainingDate of Signature (\*\*\*) |
| Example:Holly BrowneyesHolly Browneyes12/15/2018 | CRC | 12/07/2018 | Protocol Version 6 training given by site monitor | Mike Sponsor Mike Sponsor12/15/2018 |
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