

Arkansas Children's Training Documentation

Last Name: _____ First Name: _____

E-mail: _____ Phone #: _____

Role in research:

<input type="checkbox"/> Data Analyst <input type="checkbox"/> Co-Investigator <input type="checkbox"/> Research Assistant <input type="checkbox"/> Post-doctoral Associate <input type="checkbox"/> Administrative Support <input type="checkbox"/> Clinical Coordinator <input type="checkbox"/> Lab Coordinator <input type="checkbox"/> Lab Manager <input type="checkbox"/> Graduate Student <input type="checkbox"/> Technician <input type="checkbox"/> Undergraduate Student	Additional Roles performed by team member:
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Is this team member involved with procedures? Yes No

Training	Date	Provider
IBC Required Trainings	-	-
Biosafety Initial/Refresher		
Hazardous Chemicals		
Hazard Communication		
Bloodborne Pathogen (if needed)		
Safety use of Biosafety Cabinets (if needed)		
NIH Guidelines for Recombinant DNA Research (if needed)		
Respirator Safety (if needed)		
IDOT/IATA Training for Shipping (if needed)		
Laboratory Specific Trainings		
IBC with associated AUPs		
ACRI Animal Certification Training		
Working with the IACUC		
Reducing Pain and Distress in Laboratory Mice and Rats		
IBC with associated IRBs		
HSR Biomedical or Behavioral		
Site-Specific Training for Research Personnel		

*Add additional training as needed in a new row in the table above.