|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Topic of Training: | |  | | | | | | | |
| PI Name: |  | | IRB Number: | |  | Site Address: | |  | |
|  | | | | | | | | | |
| Printed Name and signature of person attending training  Date 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 training  Date of Signature (\*\*\*) |
| Example:  Holly Browneyes  Holly Browneyes  12/15/2018 | | | | CRC | | 12/07/2018 | Protocol Version 6 training given by site monitor | | Mike Sponsor  Mike Sponsor  12/15/2018 |
|  | | | |  | |  |  | |  |
|  | | | |  | |  |  | |  |
|  | | | |  | |  |  | |  |
|  | | | |  | |  |  | |  |
|  | | | |  | |  |  | |  |