**Level III Training Documentation Form**

Use this form to certify competence of the trainee to perform independently the procedures listed (i.e., without supervision). When complete, return this form to IACUC@asu.edu.

Trainee’s Name(s):

(separate names with a

comma)

Trainer’s Name: Date(s) of Training:

Species:

(separate multiple species with commas)

Which category of training was completed (check all that apply)?

[ ]  Blood Collection [ ]  Injections [ ]  Oral Dosing [ ]  Euthanasia

[ ]  Aseptic Technique, Anesthesia, and Post-surgical Monitoring [ ]  Other (provide description in the comment section below)

Provide any additional information regarding the specifics of what training was received (e.g., site blood collection, injection routes, euthanasia method):

Trainer’s Signature\*: Date:

(\*as an alternate to a signature, type the trainer’s name and email to the IACUC office from the trainer’s ASU account)