**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:

Species:

Which category of training was completed (fill in blank where appropriate)?

|  |  |  |
| --- | --- | --- |
| **Training Category** | **Type** | **Date Certified** |
| Physical Identification/Genotyping |  |  |
| Injection |  |  |
| Oral Dosing/Gavage |  |  |
| Blood Collection |  |  |
| Anesthesia |  |  |
| Post-Surgical Monitoring |  |  |
| Aseptic Technique |  |  |
| Surgery |  |  |
| Perfusion |  |  |
| Euthanasia |  |  |
| Other: |  |  |
| Other: |  |  |

Provide any additional information regarding the specifics of what training was received:

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)