

**TRAINING/EDUCATIONAL PROGRAM COMPLIANCE FORM**

Study Title: \_\_\_\_\_ COMIRB: \_\_\_\_\_

Principle Investigator: \_\_\_\_\_

Description of Training Materials: \_\_\_\_\_

Name (Trainee)	Signature (Trainee)	Date	Was this training self-taught?	Name (Trainer)	Signature (Trainer)	Date
			<input type="checkbox"/> Yes <input type="checkbox"/> No			

Description of Training Materials: \_\_\_\_\_

Name (Trainee)	Signature (Trainee)	Date	Was this training self-taught?	Name (Trainer)	Signature (Trainer)	Date
			<input type="checkbox"/> Yes <input type="checkbox"/> No			

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			<input type="checkbox"/> Yes <input type="checkbox"/> No			