**Individual Training Record – [Protocol/Site Initiation/Other]**

|  |  |
| --- | --- |
| **Position title:**  | **Study code:** |
| **Name:**  | **Site:**  |

**Method of Training** (select all that apply):

[ ]  Self-directed

[ ]  Face to Face (Name of trainer):…………………….

[ ]  Virtual (Webex/Zoom) (Name of trainer):……………………..

[ ]  Telephone (Name of trainer):.………………………………..

[ ]  Other (Specify): ………………..

**Training Materials Reviewed:**

|  |  |
| --- | --- |
| **Full Document Title, Version, and Date** | **Review Date** |
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**By signing below, I confirm the following:**

* I have completed and understood the aforementioned training and have had the opportunity to ask questions.

|  |  |
| --- | --- |
| **Signature:**  | **Date:**  |