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

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| --- |
| **Study code:** |
| **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** |
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**Upon completion of the aforementioned training, the below signatures confirm the trainee has completed and understood the training required:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Study Team Member** | **Role** | **Signature** | **Date Training Completed** |
|  |  |  |  |
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