This document will serve as written verification of training related to the protocol listed below. Please indicate which sources of training were provided by placing an “X” next to those items indicated below. Both the trainer and trainee(s) should sign and date the bottom of this form to indicate that those items checked were received and reviewed, and that all questions (to date) pertaining to the completion of this study have been satisfactorily answered.

Protocol Number: SRC-AI-Example-2020-12345

Protocol Title: Protocol\_Title\_Example

|  |  |  |  |
| --- | --- | --- | --- |
| **Place an “X” next to those**  **applicable items** | **Date** | **Version** | **Comments**  **(as applicable)** |
| Protocol Reviewed |  |  |  |
| Consent Form Reviewed |  |  |  |
| Good Clinical Practice (GCP) |  |  |  |
| Case Report Form (CRF) Reviewed |  |  |  |
| Source Documents Reviewed |  |  |  |
| Monitoring Plan Reviewed |  |  |  |
| Direct Data Reporting |  |  |  |
| Study Product Training |  |  |  |
| Manuals (e.g. Clinician/Provider or User) |  |  |  |
| Other Associated Documents |  |  |  |
| Other form(s) of education not listed |  |  |  |

Trainer(s):  Date:

Trainees:

1) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date:

Print Name

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature

2) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date:

Print Name

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature

3) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date:

Print Name

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature

4) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date:

Print Name

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Signature

5) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date:

Print Name

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Signature

6) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date:

Print Name

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Signature

7) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date:

Print Name

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Signature

8) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date:

Print Name

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Signature

9) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date:

Print Name

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Signature

10) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date:

Print Name

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Signature

Comments and/or questions remaining to be answered: