
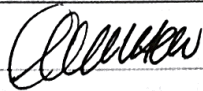
	<b>Training and Education Sheet</b>		
	no.: _____ year: 2023		

REFERENCES			
Title:	Electronic Case Report Form for clinical trials: LiMeS Clinical Dabse V3.0		
Objectives:	Knowledge of Limes database.		
Subjects:	<ul style="list-style-type: none"> <li>- System overview and settings</li> <li>- Account settings</li> <li>- Monitor access: study-specific access, data view, monitoring notes</li> <li>- Investigator access: data upload (add new patient, fill in forms and sections, validation and saving, x-rays upload, add adverse events, add reoperation, print CRF)</li> <li>- Administrator access rights</li> </ul>		
Operating Procedures / Instructions of ref.:	NA		
Start/End Date:	26 Apr 2023	Duration [hours]:	1
Teacher/s:	Last Name and First Name: Self training		
	Signature: NA		

EFFECTIVENESS ASSESSMENT METHOD	
<input type="checkbox"/>	Pratical Test (attach) <sup>(1)</sup>
<input type="checkbox"/>	Observation on the job <sup>(1)</sup>
<input type="checkbox"/>	Written Test (attach)
<input type="checkbox"/>	Interview
<input checked="" type="checkbox"/>	Not required <sup>(2)</sup>
<sup>(1)</sup> Describe the pratical test or the observation in the appropriate "Note" section	
<sup>(2)</sup> Exclusively for interventions of an informational nature or awareness interventions.	

	<b>Training and Education Sheet</b>
no.: _____ year: 2023	

Key: E=Effective; NE: Non-Effective; PE: Partially Effective.

PARTICIPANTS					
LAST NAME and First Name	Date	Signature	Effectiveness assessment		
			E	NE	PE
jaroslaw malski	26 Apr 2023		x		

EFFECTIVENESS ASSESSMENT	
Notes:	
Corrective Actions (mandatory in case of NE or PE training)	
LAST NAME and First Name:	
Date:	Signature: