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| Trainer (if applicable): |  | Date: |  |

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| **DESCRIPTION OF TRAINING** | | | | | | |
| **1. Identify source:** | | | | | | |
| New document release or document revision  Customer complaints  Internal Audit results  Personnel observations | | | | | | Inspection or testing results  Corrective and preventive action (CAPA) system  Initial/specific training of staff  Other *(specify)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **2. Specify training material: *(if applicable)*** | | | | | | |
| **Document #** | **Rev #** | | **Title** | | | |
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| Other *(specify)*:  <e.g. CDRH Learn, <http://www.fda.gov/Training/CDRHLearn/>,video training called “Overview of Regulatory Requirements: Medical Devices”> | | | | | | |
| **3. Specify effectiveness verification method:** | | | | | | |
| Q&A with trainer and trainee  Trainee self-evaluation (Read & Sign) \*  *\*By signing below, I certify that I have read and understood the training materials reference in section 2 and will comply with requirements.* | | | | | Written test *(attach evidence)*  Certificate *(attach evidence)*  N/A *(i.e. video training only)*  Other *(specify)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| **ATTENDANCE *(Include trainer signature if applicable)*** | | | | | | |
| **Name (Print)** | | **Title** | | **Signature & Date** | | |
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