IAUTP Training - Ad-Hoc / Special Skills Session

Session Location: _____   **Date:** _____

Trainee Information:

_____   _____   _____
(First Name)   (Last Name)   (UCID)

_____   _____   _____
(Principal Investigator)   (Role in Lab)   (Protocol)

IAUTP Trainer: _____

Species: _____

Procedures:

Comments:

IAUTP Recommendations (please select one):

Return for full basic re-certification through IAUTP	Further training with IAUTP team on specific skills	Further practice in lab before beginning project	Acceptable skill level for current project needs