

TRAINING CERTIFICATION FORM

Complete this form to document participation in instructor-led research compliance training (live or virtual interaction). Please submit completed form to SPARC.

Trainer Information				
PI/PD First Last Name:	Date of Training:	Date of Training: Training provid RCR Lab Other		
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Participant Information				
Name First Last	LC ID#	LC Role:	LC Email	
Signature				
I confirm that the above researcher(s) I	nave completed the aforementi	ioned face-to-face traini	na.	
			Date:	
PI/PD First Last Name:	PI/PD Trainer Sig	PI/PD Trainer Signature		