

Animal User Training Program

Certification of Mentor-facilitated Animal User Training *GROUP*

This document refers to ACS hands-on training in addition to, or in lieu of hands-on workshop training for specific techniques/ procedures listed in the Animal Utilization Protocol (AUP)

Full name of trainee 1:

Full name of trainee 3:

Full name of trainee 2:

Full name of trainee 4:

E-mail Trainee 1:

E-mail Trainee 2:

E-mail Trainee 3:

E-mail Trainee 4:

Trainee Status:

Specify Other
Status:

AUP # associated with
trainee (s):

Principal
Investigator:

Department/ Institution:

Training Instructor:

Same as PI
Other (specify name)

Specify
name:

Procedures/ Methods/
Skills

Species:

Date Training
Completed:

Comments and
Recommendations:

This document confirms that the above-mentioned trainee can adequately perform the procedures outlined in the procedures/ methods/ skills section as trained and assessed by myself, the instructor.

Instructor's Signature:

Date:

Signature Trainee 1:

Date:

Signature Trainee 2:

Date:

Signature Trainee 3:

Date:

Signature Trainee 4:

Date:

**Please submit the completed form to training@uoguelph.ca.
Feel free to e-mail or call (ext 54688) with any questions.**