

Animal User Training Program

Certification of Mentor-facilitated Animal User Training *INDIVIDUAL*

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:

Trainee e-mail

Status:

Specify Other:

AUP # associated
with trainee:

Principal
Investigator:

Department/
Institution:

Training Instructor:

Same as PI

Specify name:

Other (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:

Trainee Signature:

Date:

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