**Personnel Information**

Submit this with Form A if submitting a new protocol. Any personnel changes require the resubmission of this form. List any individuals who will be involved in research and care of live vertebrates. All personnel listed must complete the online training through CITI Program before they can work with the animals.

|  |
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| **I. General Information** |
| **Title:** |
| **Principal Investigator’s Name:** |
| **Application Type:**  New Protocol  3 Year Renewal of Protocol # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Significant Modifications to Protocol # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Changes in Personnel to Protocol # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
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| **II. Personnel Information** | |
| **PI/ Course Director Name:** | |
| **Department:** | **Phone:** |
| **Status** Choose an item. | **Email:** |
| **Online training program - CITI Program Completed** (Check all that are completed)  Working with IACUC  Biomedical Responsible Conduct of Research  Taxa specific training | |
| **University Laboratory Safety Training Completed?** Yes  No | |
| **Responsibilities:** | |
| **Qualifications related to duties (Include other training):** | |
| **Name:** | **Check if individual is a Co-PI** |
| **Department:** | **Phone:** |
| **Status** Choose an item. | **Email:** |
| **Online training program - CITI Program Completed** (Check all that are completed)  Working with IACUC  Biomedical Responsible Conduct of Research  Taxa specific training | |
| **University Laboratory Safety Training Completed?** Yes  No | |
| **Responsibilities:** | |
| **Qualifications related to duties (Include other training):** | |

|  |  |
| --- | --- |
| **Name:** | **Check if individual is a Co-PI** |
| **Department:** | **Phone:** |
| **Status** Choose an item. | **Email:** |
| **On-line training program - CITI Program Completed** (Check all that are completed)  Working with IACUC  Biomedical Responsible Conduct of Research  Taxa specific training | |
| **University Laboratory Safety Training Completed?** Yes  No | |
| **Responsibilities:** | |
| **Qualifications related to duties (Include other training):** | |
| **Name:** | **Check if individual is a Co-PI** |
| **Department:** | **Phone:** |
| **Status** Choose an item. | **Email:** |
| **On-line training program - CITI Program Completed** (Check all that are completed)  Working with IACUC  Biomedical Responsible Conduct of Research  Taxa specific training | |
| **University Laboratory Safety Training Completed?** Yes  No | |
| **Responsibilities:** | |
| **Qualifications related to duties (Include other training):** | |
| **Name:** | **Check if individual is a Co-PI** |
| **Department:** | **Phone:** |
| **Status** Choose an item. | **Email:** |
| **On-line training program - CITI Program Completed** (Check all that are completed)  Working with IACUC  Biomedical Responsible Conduct of Research  Taxa specific training | |
| **University Laboratory Safety Training Completed?** Yes  No | |
| **Responsibilities:** | |
| **Qualifications related to duties (Include other training):** | |

Use additional copies of page 2 if necessary