|  |  |
| --- | --- |
|  | **STAFF TRAINING FORM** |

Instructions: Document relevant training provided to staff members below.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Training Category** | | | | | | | | |
| ☐ **CLA Research Administrative Training** | | | | | | | | |
| ☐ **Protocol-Specific Training** | | | Sponsor:  Protocol Number: | | | Site Number:  Investigator: | | |
| ☐ **Other** | | | Describe: | | | | | |
| **Activity Type** | | | | | | | | |
| ☐ **Group Session** | | ☐ **Virtual Instructor-Led** | | ☐ **Face-to-Face Instructor Led** | | | | ☐ **Self-Read** |
| Title of Training (include topics, versions with dates, & type of visit (e.g., SIV)): | | | | | | | | |
| Date of Training (dd-MMM-yyyy): | | | | Start Time: ☐ **N/A** | | | End Time: ☐ **N/A** | |
| Time Zone: EST | | | | Total Time (Duration): | | | | |
| **Attendees** | | | | | | | | |
| No. | **Participant’s Printed Name** | | | | **Signature** | | | |
| 1. |  | | | |  | | | |
| 2. |  | | | |  | | | |
| 3. |  | | | |  | | | |
| 4. |  | | | |  | | | |
| 5. |  | | | |  | | | |
| 6. |  | | | |  | | | |
| 7. |  | | | |  | | | |
| 8. |  | | | |  | | | |

|  |  |
| --- | --- |
| As the Instructor/Facilitator, I confirm the participants listed on this staff training form were in attendance and satisfactorily completed this training.  Note: For “Self-Read” training, the responsible party administering the documentation for self-read training will sign below confirming completion. | |
| Instructor/Trainer/Responsible Party Name (printed & sign): | Date: |