



# STAFF TRAINING FORM

Instructions: Document relevant training provided to staff members below.

Training Category		
<input type="checkbox"/> <b>CLA Research Administrative Training</b>		
<input type="checkbox"/> <b>Protocol-Specific Training</b>	Sponsor: Protocol Number:	Site Number: Investigator:
<input type="checkbox"/> <b>Other</b>	Describe:	

Activity Type			
<input type="checkbox"/> <b>Group Session</b>	<input type="checkbox"/> <b>Virtual Instructor-Led</b>	<input type="checkbox"/> <b>Face-to-Face Instructor Led</b>	<input type="checkbox"/> <b>Self-Read</b>

Title of Training (include topics, versions with dates, & type of visit (e.g., SIV)):

Date of Training (dd-MMM-yyyy):	Start Time: <input type="checkbox"/> <b>N/A</b>	End Time: <input type="checkbox"/> <b>N/A</b>
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:
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