**Training Documentation**

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| **Topic:** *(i.e. SOP, protocol, specific procedure)*  **Full Study Title:** *(if training is applicable to a specific research study)***:**  **Date of Training :**  *(yyyy-mmm-dd)*  **Duration of Training:**  **Implementation Date of Topic:** *(if implementation date is different from training date)*  *(yyyy-mmm-dd)*  **The trainer(s) listed is/are available to answer your questions.**  **By signing this training log, each employee is attesting that they have:**   * *List details of training* | | | | |
| **Trainer(s): Name: Signature:** | | | | |
| **Employee** | | | **Trainer** | |
| **Name** | **Signature** | **Initials** | **Date\***  *(yyyy-mmm-dd)* | **Initials** |
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\*Denotes the date that the listed trainer has determined that the listed employee is appropriately trained to fulfill their role in the trial.

NOTE: Trainer(s) to maintain all communications related to training (i.e. emails and attachments, posters, etc…) to confirm the method of training, documents circulated for review and duration of training, as applicable.