**University of Montana**

**Institutional Animal Care and Use Committee (IACUC)**

**Documentation of Specialized Training**

**PI:**

**AUP #:**

**This form details specialized training of animal research personnel conducted by the Principal Investigator (PI) or other trainer covering procedures to be conducted under the above listed AUP.**

***Please fill out this form for each training session and list each person in attendance. Fill out a new form for each training session. Keep these with your other AUP-related documents. We will ask to see these forms annually.***

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| **Date** | **Specialized Training** | **Trainer (s)** | **Trainee Printed Name** | **Trainee Signature** |
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