

TRAINING COMPLETION ATTESTATION

Prepared for and used by the Office of Research and Biotechnology.



Proper documentation and completion of training is essential to maintain safe and effective use of shared research equipment. Failure to complete or report training may result in suspension of equipment access privileges. In the event of damage due to misuse or untrained operation, the cost of repair *may be* charged to the responsible Principal Investigator (PI) or their associated department.

This document certifies that the individual named below has completed the required training session in accordance with institutional guidelines and procedures. The undersigned parties acknowledge the accurate completion and attendance of the training as described.

Trainee Name:

Training Topic:

Training Date:

Training Duration:

Trainer Name:

Trainer Title/Position:

By signing below, I affirm that I fully participated in the training session, understand the material presented, and agree to comply with all relevant institutional procedures and safety guidelines.

Trainee Signature:

Date:

Trainer Signature :

Date:

Approved by Office of Institutional Core Facilities

Signature: _____ **Date:** _____