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| IACUC use only: |  |
| Approval Date:  | Click here to enter text. |

Instructions:

* This form is required for the addition of personnel not listed on the IACUC approved AUP who will be working directly with live vertebrate animals.

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| **INFORMATION** |
| **Principal Investigator:** | Click here to enter text. | **Department:** | Click here to enter text. |  |
| **Phone Number:** | Click here to enter text. | **Email Address:** | Click here to enter text. |  |
| **AUP#(s):** | Click here to enter text. |  |
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| **PERSONNEL**  |
| **TRAINING/ QUALIFICATIONS OF INDIVIDUALS PERFORMING WORK WITH ANIMALS****The training listed below will be verified by the IACUC PM prior to approval. Any questions regarding this training should be directed to** (claf@uark.edu or iacuc@uark.edu).A. Mandatory Online Training 1. All individuals working with animals must complete the CITI ([www.citiprogram.org](http://www.citiprogram.org)) module titled “Working with the IACUC.” Login under “My Institution – UA Fayetteville” using your UARK ID and password.B. Personnel Performing Work at CLAF or ENRC Only1. Individuals working at CLAF or ENRC must complete the additional CITI Training module titled “Post- Procedure Care of Mice and Rats in Research: Reducing Pain and Distress”2. Individuals working with animals at CLAF or ENRC must complete a [health survey form](https://vpred.uark.edu/documents/rscp/claf-health-screening-form.pdf) and submit it to the Pat Walker Health Center. 3. All individuals who will perform work in the CLAF vivarium need to complete the CLAF Orientation prior to beginning work. Orientation is offered the first Wednesday of every month at 9:00am and the third Wednesday of the month at 1:30 p.m. This must be scheduled with the CLAF Manager in advance and is the responsibility of the individual. Individuals will not be permitted into the vivarium until this orientation is completed.**NOTE: All study personnel must complete the CITI module(s) and, as applicable, the Health Survey Form and CLAF Orientation prior to being granted facility access and performing procedures on animals.** |
| Please complete the following for all individuals involved in the study. Copy and paste as many times as needed. **For teaching additions, only name, email, and AUP (if multiple) are necessary.**Name: Click here to enter text.Email address: Click here to enter text.AUPs (if subset of above): Click here to enter text.Role(s): [ ]  Animal care [ ]  Surgeon [ ]  Euthanasia [ ]  Other: Click here to enter text.Qualifications to perform above roles/planned training: Click here to enter text.Name: Click here to enter text.Email address: Click here to enter text.AUPs (if subset of above): Click here to enter text.Role(s): [ ]  Animal care [ ]  Surgeon [ ]  Euthanasia [ ]  Other: Click here to enter text.Qualifications to perform above roles/planned training: Click here to enter text.Name: Click here to enter text.Email address: Click here to enter text.AUPs (if subset of above): Click here to enter text.Role(s): [ ]  Animal care [ ]  Surgeon [ ]  Euthanasia [ ]  Other: Click here to enter text.Qualifications to perform above roles/planned training: Click here to enter text. |