

Training Request Form

This form should be completed by any student who wants to request training on any of the NMR instruments housed in the NMR Facility at the University of Lethbridge. Please return the completed form by email to the NMR Facility Manager and be sure to cc your supervisor

Name of Trainee	ID Number	Email of Trainee	
Name of Supervisor	En	nail of Supervisor	
1. What system do you requ		eck all that apply) 500 MHz solids	lids
What type of training do y Basic Operation		ll that apply) ble Temperature	
8AM and 4PM. Be sure indi	icate all of the times that yo	each of the following days between ou are free. Most of the training te NMR takes 3 full days of training.	
Tuesday			_
Wednesday			
Thursday			
Friday			
4. Have you taken WHMIS	? yes no		
with this training reques UofL specific WHMIS o	st. If you answered no, you course. This training needs ic copy of your certification	If copy (or image) of your certification will be sent instructions on how to ta to be completed before entering any should be received by the manager p	ke the of the
5. Do you have any previou	us NMR experience? yes	no	
	question 5 please complet en you can leave the next p	e the questions on the next page. Dage blank and submit this	

application for training to the facility manager.

6. Which NMR instrument style have you used previously? (please select all that apply)			
Bruker JEOL Agilent/Varian Benchtop NMR			
7. If you have Bruker experience, what version of TopSpin did you use? (please select all that apply			
8. How independent are you on an NMR spectrometer?			
Solo Use Manager Assisted Automation Only Samples Run as Service			
9. Please provide any other relevant details on your NMR knowledge, experience, and background that you would like to share in the text box below.			