

**UNIVERSITY OF LETHBRIDGE  
ANIMAL WELFARE COMMITTEE  
Evidence of IAUTP Part 2 Training to meet CCAC requirements**

**(Please complete and send to the Animal Welfare Coordinator to document this training.)**

Trainee's Name:

Protocol Number:

Trainee's Position/Role:

Person Delivering the Training, Trainer's Role:

Total Hours Spent in Training:

Species Trained in:

Techniques Taught:

Method of Delivery:

Proficiency/Evaluation Methods:

Date the Student is Able to Work with Supervision Only:

Hours Supervised before Permission is Granted for Unsupervised Activities:

Date the Student can and will be left Unsupervised:

*Please check boxes below to indicate that documents have been reviewed with Trainee:*

Hazard Assessment

Animal Welfare Protocol

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Printed Name & Signature of Principal Investigator      Date

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Printed Name & Signature of Trainer (if not the PI)      Date