**Oklahoma State University**

**Select Agent Program**

**Training Verification Form**

**This document must be competed after each training opportunity**

Facilitator: Complete Block 1 and provide form to the trainee at completion of the training

Trainee(s): Read and complete Block 2 and provide form back to the training facilitator

Facilitator: Complete Block 3 and submit form to the Office of University Research Compliance – Biosafety in 223 Scott Hall

**Block 1**

**Title of Training:**

**Description of topics covered:**

**Method used to verify participant understanding:**

**Block 2**

*By signing below, I am certifying that I participated in the training session listed above; I have completed the training session covering the materials as described above; and completely understand the material as it was presented to me.*

**Trainee: Signature: Date:\_\_\_\_\_\_\_**

**Block 3**

**Location of Training:**

**Date of Training:**

*I certify that the information described above was appropriately presented to the participants of this training session. Any questions asked by the participants were satisfactorily answered, and verification of the understanding of each participant on the material presented was documented.*

**Facilitator: Signature: Date:**

\*Attach an additional sheet of Block 2 if needed for other participants of the same training course.

**Block 2**

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**Trainee: Signature: Date:\_\_\_\_\_\_\_**

**Block 2**

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**Trainee: Signature: Date:\_\_\_\_\_\_\_**

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