

Training Confirmation Form

Version 12/5/2007

This document is to confirm training has taken place and documents pertaining to password and security information have been read.

Please fill out and sign as indicated below for the training that has been completed.

This signed form must be faxed (919-684-0952) or given to the Duke Center for Human Genetics, Human Resources department.

Class/subject (check all that apply):

Clinical Applications (aka ClinApps)

Progeny

Other, specify: _____

Trainee: _____ Trainer: _____
(Print name) (Print name)

(Sign and date)

(Sign and date)