

Training Confirmation Form

Version 07/08/2009

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 to 919-684-0909.

Class/subject (check all that apply):

Clinical Applications (aka ClinApps)

Progeny

Other, specify: _____

Trainee: _____

(Print name)

Trainer: _____

(Print name)

(Sign and date)

(Sign and date)