

**Southern Connecticut State University
Institutional Animal Care and Use Committee**

QUALIFICATIONS OF PERSONNEL

A separate form must be completed for each person who will have contact with live animals. It must be typed and protocol specific.

NAME OF INDIVIDUAL TO BE ADDED:	
Protocol No.:	
Title:	
Principle Investigator (PI):	
Pain & Distress Level(s):	
Phone:	
Email:	

1. Briefly describe the role of this individual on the project relating to animal care and/or use.

2. List each species this individual will be handling, each procedure this individual will be performing on the species listed, whether this individual has previous experience or training in either the procedures and/or species listed, and an explanation of how this person will be trained and by whom (the PI must confirm completion of training of personnel to IACUC Chair). You may attach additional sheets if necessary.

Species	Procedure(s) and P&D level	Previous experience or training	Proposed training and by whom

3. The following documents must supplement this form:

- A document signed by the individual's physician granting medical clearance for working with species listed, and verifying that the individual has a current tetanus shot
- Passing test scores of pertinent CITI online training modules, <https://www2.southernct.edu/faculty-staff/spar/citi.html>
 - Additional protocol/species-specific CITI online training modules re. may also be required depending on species and scope of work. Contact our IACUC Chair (dunbarm1@southernct.edu) should you need confirmation