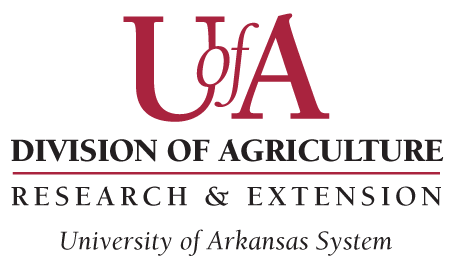
***Request to add Personnel***



**Ag-IACUC Use Only**

**Protocol Number:** Click or tap here to enter text. **Date Received: 3-2-20**

**Approval Date:** Click or tap here to enter text. **End Date:** Click or tap here to enter text.

**Protocol #:** Click or tap here to enter text. **Principal Investigator: Click or tap here to enter text.**

***Instructions:***

* This form is required for any personnel modifications of an Animal Use Protocol (AUP) which is currently approved

by the Ag-IACUC

* In completing this personnel modification, please check:
  + The role this individual will take with respect to direct animal contact
  + Thequalifications/experience the individual has with respect to the specie(s) listed on the AUP.
  + ***In the event the individual has no experience with the specified role, please attach a statement (Notes) identifying the intended training to be provided and the responsible individual(s).***
  + Copy and paste Name/Designation information to add additional personnel.\*\*
* *Please submit this form to* [*agiacuc@uark.edu*](mailto:agiacuc@uark.edu)

***Mandatory online training:***

* All individuals with direct animal contact *must* take the following module:
  + **“Working with the IACUC” for Researchers, Animal Technicians, Research Administration/staff and Students working with animals**
* To access the module, go to [www.citiprogram.org](http://www.citiprogram.org). log in under “my institution, and follow the prompts.
* All training will be verified. If training records cannot be found for any individual listed, the submission will not be considered until the training is complete.

**\*\*Name:**

Designation within the study: PI  Co-PI  Technician  Student  Other

Role: Husbandry  Euthanasia  Surgery/Procedures  Sampling  Other

Qualifications with specie(s) listed in AUP:

Husbandry/Handling:

Year(s): 0-1  1-3  3-5  5+  None:

Surgery/Procedure(s):

Year(s): 0-1  1-3  3-5  5+  None:

Euthanasia:

Year(s): 0-1  1-3  3-5  5+  None:

\*Notes: Click or tap here to enter text..

**\*Notes - In the event the individual has no experience with the specified role, please add a statement identifying the intended training to be provided and the responsible individual(s).\***

**\*\*To add personnel, copy and paste Name/Designation information beneath last addition\*\***