***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*

 ***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\*\***