**Research and Development Unit, BDMS Health Research Center**

**Clinical Trial Training Record**

|  |  |
| --- | --- |
| Staff Name |  |
| Title/Clinical Study Role |  |
| Office/Clinical Study Site |  |
| Training Record Year |  |

List the trainings that you have completed chronologically and attach supporting document for each training.

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| --- | --- | --- | --- | --- | --- |
| No. | Subject of Training | | Training Date | | Supporting Document (a) |
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|  |  | |  | |  |
| Signature of Staff (b) | |  | |
| Date | |  | |

Page (c)\_\_\_\_\_\_ of \_\_\_\_\_\_\_

**Instruction Note for the Clinical Trial Training Record Completion**

(a) Use below list to complete the “Supporting Document” column. Please enter the block letter in front of each type of document that confirms the training into the column. For document that is not indicated in the list, please add them in the empty spaces provided below.

Following is the list of supporting document to confirm the training completion.

1. Certificate of completion
2. Participant/attendee list or registration
3. Training agenda
4. Training handout/material
5. Confirmation note
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(b) Sign and date at the year-end review to confirm the training completion

(c) Identify page number of the Annual Training Record at the year-end review (not include the Instruction Note for the Clinical Trial Training Record Completion)