**Certification of Competency Form**

Keep for your records and update Training Excel in UABox.

If you need access, please email: orcr-iacuc@email.arizona.edu

**The following individual has been certified as competent to perform the procedures listed below.**

**NOTE: Not all procedures will be on your approved protocol. Only complete procedures listed on your approved protocol.**

**Procedures marked with \*\* must be trained by UAC or UAC trained lab member.**

**Procedures marked with ++ must be trained by UAC ONLY.**

Trainee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date training initiated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Procedure** | **Trainer** | **Date complete** |
| Handling and Restraint |  |  |
| Accessing and Reading Protocol |  |  |
| Bleeding |  |  |
| Other (list name of procedure) |  |  |
| Retro orbital with pre-sedation |  |  |
| Retro-Orbital **without** pre-sedation ++ |  |  |
| Submental/ chin |  |  |
| Sub-mandular |  |  |
| Saphenous |  |  |
| Tail artery |  |  |
| Tail nick/ scab pick |  |  |
| **Compound Administration** |  |  |
| Footpad/hock |  |  |
| Intramuscular |  |  |
| Intratracheal via Tracheotomy |  |  |
| Oral Gavage |  |  |
| Other (list name of procedure) |  |  |
| Intra- Peritoneal |  |  |
| Retro-Orbital with pre-sedation |  |  |
| Subcutaneous |  |  |
| Tail vein |  |  |
| **Euthanasia:** |  |  |
| Bilateral Thoracotomy: With pre-sedation |  |  |
| Cervical Dislocation with pre-sedation |  |  |
| Cervical dislocation **without** pre-sedation\*\* |  |  |
| Decapitation with pre-sedation |  |  |
| Decapitation **without** pre-sedation \*\* |  |  |
| Other (list name of procedure) |  |  |
| Overdose: No physical Method |  |  |
| Potassium Chloride Overdose: |  |  |
| Vital Organ Harvest with pre-sedation |  |  |
| **Other Procedures** |  |  |
| Intubation/ direct intratracheal installation |  |  |
| Other( list name of procedure) |  |  |
| Vaginal lavage for estrous staging: |  |  |