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| **TRAINING LOG** | | | | | |
| **PI Name:** Click or tap here to enter text. | | **Protocol:** Click or tap here to enter text. | | **Site Number** *(if applicable)***:** Click or tap here to enter text. | |
| **Printed Name** | **Signature** | | **Title of Training** | | **Date of Training** |
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**Trainer Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_/\_\_\_/\_\_\_\_\_\_  Check this box if this is the last page