UCR | Office of Research
Campus Veterinarian

Training Verification Form and AUP Personnel Addition Form

Date: _____

Applicant Name: _____ _____
Print Name *Signature*

Employee ID or Student ID#: _____ Email: _____

Complete the following tasks prior to submission.

1. Be familiar with the location and content of the UC Riverside Laboratory Animal Care and Use Training Manual in your lab.
2. Review the AUP (Animal Use Protocol) for which you seek participation.
3. Complete the **UC Riverside Animal Care and Use Training Program** which consists of:
   - Completing the On-line training Course *(Please attach your certificate)*
   - Viewing the species-related animal handling training video.
   - Enroll in the UC Riverside Animal Occupational Health and Safety Program *(Please attach the completed Occupational Health Form)*
   - Complete an orientation with the Vivarium Manager

To be filled out by the Principal Investigator

Check one:
- ❑ This person is currently listed on my Animal Use Protocol.
- ❑ I authorize the addition of this person to my Animal Use Protocol

Principal Investigator: _____ _____
Print Name *Signature*

UC Riverside Animal Use Protocol (AUP) Number: _____

❑ Please check if you wish to add this person to your alarm list for the vivaria.
*Lab password: _____

If you wish someone to work after hours in the vivarium and be added to the alarm, this must be cleared with the Vivarium Manager. This will be done before the person is added to the alarm list.

Office of the Campus Veterinarian Approval

By:_____ Date:_____

Federal regulations require that all UC Riverside personnel participating in animal research, teaching and care complete the UC Riverside Animal Care and Use Training, Health and Education program before initiating animal research activities. Personnel are not eligible to work on an AUP until they receive clearance from the Office of the Campus Veterinarian.
Simply turning in the forms does not constitute clearance.

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