



Animal Care and Use Training, Health and Education Program Verification Form

Please return the completed form to the Office of the Campus Veterinarian:

University of California, Riverside
University Office Building, Room 216
Riverside, CA
Phone: 909-787-6332

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.
2. Review the AUP for which you seek participation.
3. [Complete the UC Riverside Animal Care and Use Website Training Course and Exam.](#)
Please print and attach your exam certificate.
4. [View the species related animal handling training video.](#)
5. [Enroll in the UC Riverside Animal Occupation Health and Safety Program.](#)

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: _____

Office of the Campus Veterinarian Approval

By: _____ Date: _____

* Changes in personnel must include both an updated Project Roster and Listing of Training and Experience (<http://www.ora.ucr.edu/vet/Training.htm>). 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 (<http://www.ora.ucr.edu/vet/Training.htm>). Enrolling in the UCR Animal Occupational Health Program is a component of the training program. Amendment applications cannot be approved without completion of the UC Riverside Training, Health and Education program.