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| **To ensure that there are no unnecessary delays in the processing and review of your submission, please make sure that you read all instructions throughout the form carefully before submitting your request.**1. This separate Section F document should only be used after all 11 available Section F Forms under the GAI IACUC Application Package document have been used first. This separate Section F form can support another 11 entries. Separate Section F forms will not be accepted unless all available spaces have been utilized first. Applications that include separate Section F Forms for each person will be returned to you.
2. All necessary documents must be submitted to iacuc@georgiaaquarium.org as **Word** documents once completed. Hard copies, PDFs, scanned hard copies, and faxed copies of applications will not be accepted.
3. All individuals listed under the Role Delineation section on the Application Package must have a completed **Personnel Qualifications (Section F) Form** included within the application. Separated Section F Forms should not be used unless all available spaces within this application have already been used. Exceptions: (1) International colleagues do not need a Personnel Qualifications Form but must have a signed liability waiver, similar to those not engaged in animal handling, as described below. (2) Georgia Aquarium personnel who are conducting work under this protocol that does not exceed the daily skills/responsibilities (e.g., animal handling, species work with, etc.) of their employed position do not need to complete one of these forms (e.g., a commissary technician wanting to do elasmobranch work in the field DOES need a completed Section F Form).
4. Those who will not be engaging in animal handling but will be assisting with other aspects of this project **do not need to be listed under the Role Delineation section or complete a Personnel Qualifications Form**. However, pursuant to Georgia Aquarium IACUC’s Special Conditions of Approval, all individuals who assist with the execution of work under this protocol that are not listed below must sign a **Liability Waiter** and submit it to the IACUC, either before the start of work or as attachments to the Principal Investigator’s Annual Update Form, which must be submitted to the IACUC no later than November 1st of each year.
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# SECTION F. PERSONNEL QUALIFICATIONS

**F1. PERSONNEL INFORMATION\***

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| Name: |       | Institution/Department: |       |
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| Day Phone: |       | E-mail address: |       |
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| GAI Relationship: | **[ ]** Staff **[ ]** Intern **[ ]** Volunteer **[ ]** Not Affiliated  |
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**F2. ANIMAL USE, ETHICS, AND WELFARE TRAINING\***

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| During the review of this protocol, the IACUC will review and confirm that you have met the training requirements for the species and work involved in this protocol. Please review such training requirements below and indicate which option matches your situation the best. **Training must be completed every five years**.

|  |  |
| --- | --- |
| Research Group | Required Training or Forms |
| Georgia Aquarium Personnel - Research & Conservation | 1. Working with the IACUC2. Working with Fish in a Research Setting3. Wildlife Research |
| Georgia Aquarium Personnel - Zoological Operations, Aquatic Sustainability, Animal Health, Other | 1. Working with the IACUC2. Species Appropriate Module(s)\*3. Research Basics **(Georgia Aquarium Academy)** |
| Principal Investigators & Animal Handling Researchers/Technicians – In House | 1. Working with the IACUC2. Species Appropriate Module(s)\* |
| Principal Investigators & Animal Handling Researchers/Technicians – In Field | 1. Working with the IACUC2. Species Appropriate Module(s)\*3. Wildlife Research |
| International Researchers, Technicians, or Fisherman - Animal Handling | 1. Liability Waiver – Individual must receive instruction and supervision by a GAI staff member. |
| Researchers or Technicians – No Animal Handling | 1. Liability Waiver |

\* “Species Appropriate Module(s)” include Working with Fish in a Research Setting, Working with Amphibians in a Research Setting, and Working with Reptiles in a Research Setting. For species appropriate training for mammals, birds, or invertebrates, please contact the IACUC. |

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| **[ ]**  I have completed all the required training through the CITI Program under Georgia Aquarium as an institution.  *Certificates will be verified by the IACUC through CITI (and Georgia Aquarium Academy where applicable).* |
|  |
| **[ ]**  I have completed all the required training through the CITI Program under another institution.  *Copies of your certificates must be provided with this application.*  |
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**F3. PERSONNEL AGREEMENT\***

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| **[ ]**  I have reviewed and will abide by the IACUC’s **Research Approval Standard Conditions** and will promptly  notify the Principal Investigator of any situations that arise which fall under these standard conditions. |
|  |
| **[ ]**  I have reviewed, or will review, the protocol section under which I will be performing work. I accept  responsibility for conducting my work in accord with the approved protocol. |
|  |
| **[ ]**  I understand that work performed without IACUC approval may result in federally required reporting of non- compliance. |
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| **[ ]**  I certify that I have reviewed the humane endpoints in this proposal and are competent to assess the animal's  well-being. |
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 **F4. SKILLS AND EXPERIENCE\***

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| With respect to **THIS PROTOCOL CONLY**, please indicate the species with which you will be working with and indicate which skills are needed to perform the study in which you are **ALREADY PROFICIENT**. |

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| Please describe any formal training that you have received related to the use of animals. Include the institution, approximate dates, and a brief description of the training content: |
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| What experience do you have that prepares you to perform the procedures and use the techniques required of you in this protocol? **(Please be specific.)** |
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| If training in specific skills is needed (as indicated below) or if you will be engaged in procedures for which you are not presently proficient, indicate who will provide the necessary training and who will provide oversight until you have achieved proficiency: |
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| Please complete the researcher techniques checklist below. All applicable techniques that will be used in this protocol should be completed with appropriate skills, experience, and training information. **Blank checklists will not be accepted**. |

|  |
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| --- | --- | --- | --- | --- |
| Techniques | Current Skills | List length of experience | Training Needed | Species Applicable To (list all) |
| Direct Handling  | **[ ]**  |       | **[ ]**  |  |
| Passive Handling (Training; Stimulus Control) | **[ ]**  |       | **[ ]**  |  |
| Restraint | **[ ]**  |       | **[ ]**  |  |
| Oral Gavage | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Injections** |
| Intramuscular | **[ ]**  |       | **[ ]**  |  |
| Subcutaneous | **[ ]**  |       | **[ ]**  |  |
| Intraperitoneal | **[ ]**  |       | **[ ]**  |  |
| Intracardiac | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Blood Collection** |
| Tail vein | **[ ]**  |       | **[ ]**  |  |
| Facial (maxillary) vein | **[ ]**  |       | **[ ]**  |  |
| Saphenous vein | **[ ]**  |       | **[ ]**  |  |
| Orbital sinus/plexus | **[ ]**  |       | **[ ]**  |  |
| Cardiac puncture | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Identification** |
| Ear tagging | **[ ]**  |       | **[ ]**  |  |
| Ear notch | **[ ]**  |       | **[ ]**  |  |
| Microchip | **[ ]**  |       | **[ ]**  |  |
| Dart/roto tag | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Anesthesia** |
| Injectable | **[ ]**  |       | **[ ]**  |  |
| Volatile | **[ ]**  |       | **[ ]**  |  |
| Aseptic technique | **[ ]**  |       | **[ ]**  |  |
| Post-surgical care | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Euthanasia** |
| CO2 | **[ ]**  |       | **[ ]**  |  |
| Decapitation | **[ ]**  |       | **[ ]**  |  |
| Cervical dislocation | **[ ]**  |       | **[ ]**  |  |
| Transcardial perforation | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
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### Expand this section to add 5 more Section F.

**F1. PERSONNEL INFORMATION\***

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| Day Phone: |       | E-mail address: |       |
|  |  |  |  |
| GAI Relationship: | **[ ]** Staff **[ ]** Intern **[ ]** Volunteer **[ ]** Not Affiliated  |
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**F2. ANIMAL USE, ETHICS, AND WELFARE TRAINING\***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| During the review of this protocol, the IACUC will review and confirm that you have met the training requirements for the species and work involved in this protocol. Please review such training requirements below and indicate which option matches your situation the best. **Training must be completed every five years**.

|  |  |
| --- | --- |
| Research Group | Required Training or Forms |
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| Georgia Aquarium Personnel - Zoological Operations, Aquatic Sustainability, Animal Health, Other | 1. Working with the IACUC2. Species Appropriate Module(s)\*3. Research Basics **(Georgia Aquarium Academy)** |
| Principal Investigators & Animal Handling Researchers/Technicians – In House | 1. Working with the IACUC2. Species Appropriate Module(s)\* |
| Principal Investigators & Animal Handling Researchers/Technicians – In Field | 1. Working with the IACUC2. Species Appropriate Module(s)\*3. Wildlife Research |
| International Researchers, Technicians, or Fisherman - Animal Handling | 1. Liability Waiver – Individual must receive instruction and supervision by a GAI staff member. |
| Researchers or Technicians – No Animal Handling | 1. Liability Waiver |

\* “Species Appropriate Module(s)” include Working with Fish in a Research Setting, Working with Amphibians in a Research Setting, and Working with Reptiles in a Research Setting. For species appropriate training for mammals, birds, or invertebrates, please contact the IACUC. |

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| **[ ]**  I have completed all the required training through the CITI Program under Georgia Aquarium as an institution.  *Certificates will be verified by the IACUC through CITI (and Georgia Aquarium Academy where applicable).* |
|  |
| **[ ]**  I have completed all the required training through the CITI Program under another institution.  *Copies of your certificates must be provided with this application.*  |
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**F3. PERSONNEL AGREEMENT\***

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| **[ ]**  I have reviewed and will abide by the IACUC’s **Research Approval Standard Conditions** and will promptly  notify the Principal Investigator of any situations that arise which fall under these standard conditions. |
|  |
| **[ ]**  I have reviewed, or will review, the protocol section under which I will be performing work. I accept  responsibility for conducting my work in accord with the approved protocol. |
|  |
| **[ ]**  I understand that work performed without IACUC approval may result in federally required reporting of non- compliance. |
|  |
| **[ ]**  I certify that I have reviewed the humane endpoints in this proposal and are competent to assess the animal's  well-being. |
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 **F4. SKILLS AND EXPERIENCE\***

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| With respect to **THIS PROTOCOL CONLY**, please indicate the species with which you will be working with and indicate which skills are needed to perform the study in which you are **ALREADY PROFICIENT**. |

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| Please describe any formal training that you have received related to the use of animals. Include the institution, approximate dates, and a brief description of the training content: |
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|  |       |
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| What experience do you have that prepares you to perform the procedures and use the techniques required of you in this protocol? **(Please be specific.)** |
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|  |       |
|  |  |
| If training in specific skills is needed (as indicated below) or if you will be engaged in procedures for which you are not presently proficient, indicate who will provide the necessary training and who will provide oversight until you have achieved proficiency: |
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| Please complete the researcher techniques checklist below. All applicable techniques that will be used in this protocol should be completed with appropriate skills, experience, and training information. **Blank checklists will not be accepted**. |

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| --- | --- | --- | --- | --- |
| Techniques | Current Skills | List length of experience | Training Needed | Species Applicable To (list all) |
| Direct Handling  | **[ ]**  |       | **[ ]**  |  |
| Passive Handling (Training; Stimulus Control) | **[ ]**  |       | **[ ]**  |  |
| Restraint | **[ ]**  |       | **[ ]**  |  |
| Oral Gavage | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Injections** |
| Intramuscular | **[ ]**  |       | **[ ]**  |  |
| Subcutaneous | **[ ]**  |       | **[ ]**  |  |
| Intraperitoneal | **[ ]**  |       | **[ ]**  |  |
| Intracardiac | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Blood Collection** |
| Tail vein | **[ ]**  |       | **[ ]**  |  |
| Facial (maxillary) vein | **[ ]**  |       | **[ ]**  |  |
| Saphenous vein | **[ ]**  |       | **[ ]**  |  |
| Orbital sinus/plexus | **[ ]**  |       | **[ ]**  |  |
| Cardiac puncture | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Identification** |
| Ear tagging | **[ ]**  |       | **[ ]**  |  |
| Ear notch | **[ ]**  |       | **[ ]**  |  |
| Microchip | **[ ]**  |       | **[ ]**  |  |
| Dart/roto tag | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Anesthesia** |
| Injectable | **[ ]**  |       | **[ ]**  |  |
| Volatile | **[ ]**  |       | **[ ]**  |  |
| Aseptic technique | **[ ]**  |       | **[ ]**  |  |
| Post-surgical care | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Euthanasia** |
| CO2 | **[ ]**  |       | **[ ]**  |  |
| Decapitation | **[ ]**  |       | **[ ]**  |  |
| Cervical dislocation | **[ ]**  |       | **[ ]**  |  |
| Transcardial perforation | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
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**F1. PERSONNEL INFORMATION\***

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| Name: |       | Institution/Department: |       |
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| Day Phone: |       | E-mail address: |       |
|  |  |  |  |
| GAI Relationship: | **[ ]** Staff **[ ]** Intern **[ ]** Volunteer **[ ]** Not Affiliated  |
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**F2. ANIMAL USE, ETHICS, AND WELFARE TRAINING\***

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**F3. PERSONNEL AGREEMENT\***

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| **[ ]**  I have reviewed and will abide by the IACUC’s **Research Approval Standard Conditions** and will promptly  notify the Principal Investigator of any situations that arise which fall under these standard conditions. |
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| **[ ]**  I have reviewed, or will review, the protocol section under which I will be performing work. I accept  responsibility for conducting my work in accord with the approved protocol. |
|  |
| **[ ]**  I understand that work performed without IACUC approval may result in federally required reporting of non- compliance. |
|  |
| **[ ]**  I certify that I have reviewed the humane endpoints in this proposal and are competent to assess the animal's  well-being. |
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 **F4. SKILLS AND EXPERIENCE\***

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| With respect to **THIS PROTOCOL CONLY**, please indicate the species with which you will be working with and indicate which skills are needed to perform the study in which you are **ALREADY PROFICIENT**. |

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| Please describe any formal training that you have received related to the use of animals. Include the institution, approximate dates, and a brief description of the training content: |
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|  |       |
|  |  |
| What experience do you have that prepares you to perform the procedures and use the techniques required of you in this protocol? **(Please be specific.)** |
|  |  |
|  |       |
|  |  |
| If training in specific skills is needed (as indicated below) or if you will be engaged in procedures for which you are not presently proficient, indicate who will provide the necessary training and who will provide oversight until you have achieved proficiency: |
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| Please complete the researcher techniques checklist below. All applicable techniques that will be used in this protocol should be completed with appropriate skills, experience, and training information. **Blank checklists will not be accepted**. |

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| --- | --- | --- | --- | --- |
| Techniques | Current Skills | List length of experience | Training Needed | Species Applicable To (list all) |
| Direct Handling  | **[ ]**  |       | **[ ]**  |  |
| Passive Handling (Training; Stimulus Control) | **[ ]**  |       | **[ ]**  |  |
| Restraint | **[ ]**  |       | **[ ]**  |  |
| Oral Gavage | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Injections** |
| Intramuscular | **[ ]**  |       | **[ ]**  |  |
| Subcutaneous | **[ ]**  |       | **[ ]**  |  |
| Intraperitoneal | **[ ]**  |       | **[ ]**  |  |
| Intracardiac | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Blood Collection** |
| Tail vein | **[ ]**  |       | **[ ]**  |  |
| Facial (maxillary) vein | **[ ]**  |       | **[ ]**  |  |
| Saphenous vein | **[ ]**  |       | **[ ]**  |  |
| Orbital sinus/plexus | **[ ]**  |       | **[ ]**  |  |
| Cardiac puncture | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Identification** |
| Ear tagging | **[ ]**  |       | **[ ]**  |  |
| Ear notch | **[ ]**  |       | **[ ]**  |  |
| Microchip | **[ ]**  |       | **[ ]**  |  |
| Dart/roto tag | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Anesthesia** |
| Injectable | **[ ]**  |       | **[ ]**  |  |
| Volatile | **[ ]**  |       | **[ ]**  |  |
| Aseptic technique | **[ ]**  |       | **[ ]**  |  |
| Post-surgical care | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Euthanasia** |
| CO2 | **[ ]**  |       | **[ ]**  |  |
| Decapitation | **[ ]**  |       | **[ ]**  |  |
| Cervical dislocation | **[ ]**  |       | **[ ]**  |  |
| Transcardial perforation | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
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**F1. PERSONNEL INFORMATION\***

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| Name: |       | Institution/Department: |       |
|  |  |  |  |
| Day Phone: |       | E-mail address: |       |
|  |  |  |  |
| GAI Relationship: | **[ ]** Staff **[ ]** Intern **[ ]** Volunteer **[ ]** Not Affiliated  |
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**F2. ANIMAL USE, ETHICS, AND WELFARE TRAINING\***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| Research Group | Required Training or Forms |
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| Georgia Aquarium Personnel - Zoological Operations, Aquatic Sustainability, Animal Health, Other | 1. Working with the IACUC2. Species Appropriate Module(s)\*3. Research Basics **(Georgia Aquarium Academy)** |
| Principal Investigators & Animal Handling Researchers/Technicians – In House | 1. Working with the IACUC2. Species Appropriate Module(s)\* |
| Principal Investigators & Animal Handling Researchers/Technicians – In Field | 1. Working with the IACUC2. Species Appropriate Module(s)\*3. Wildlife Research |
| International Researchers, Technicians, or Fisherman - Animal Handling | 1. Liability Waiver – Individual must receive instruction and supervision by a GAI staff member. |
| Researchers or Technicians – No Animal Handling | 1. Liability Waiver |

\* “Species Appropriate Module(s)” include Working with Fish in a Research Setting, Working with Amphibians in a Research Setting, and Working with Reptiles in a Research Setting. For species appropriate training for mammals, birds, or invertebrates, please contact the IACUC. |

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| **[ ]**  I have completed all the required training through the CITI Program under Georgia Aquarium as an institution.  *Certificates will be verified by the IACUC through CITI (and Georgia Aquarium Academy where applicable).* |
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| **[ ]**  I have completed all the required training through the CITI Program under another institution.  *Copies of your certificates must be provided with this application.*  |
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**F3. PERSONNEL AGREEMENT\***

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| **[ ]**  I have reviewed and will abide by the IACUC’s **Research Approval Standard Conditions** and will promptly  notify the Principal Investigator of any situations that arise which fall under these standard conditions. |
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| **[ ]**  I have reviewed, or will review, the protocol section under which I will be performing work. I accept  responsibility for conducting my work in accord with the approved protocol. |
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| **[ ]**  I understand that work performed without IACUC approval may result in federally required reporting of non- compliance. |
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| **[ ]**  I certify that I have reviewed the humane endpoints in this proposal and are competent to assess the animal's  well-being. |
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 **F4. SKILLS AND EXPERIENCE\***

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| With respect to **THIS PROTOCOL CONLY**, please indicate the species with which you will be working with and indicate which skills are needed to perform the study in which you are **ALREADY PROFICIENT**. |

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| Please describe any formal training that you have received related to the use of animals. Include the institution, approximate dates, and a brief description of the training content: |
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| What experience do you have that prepares you to perform the procedures and use the techniques required of you in this protocol? **(Please be specific.)** |
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| If training in specific skills is needed (as indicated below) or if you will be engaged in procedures for which you are not presently proficient, indicate who will provide the necessary training and who will provide oversight until you have achieved proficiency: |
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| Please complete the researcher techniques checklist below. All applicable techniques that will be used in this protocol should be completed with appropriate skills, experience, and training information. **Blank checklists will not be accepted**. |

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| Techniques | Current Skills | List length of experience | Training Needed | Species Applicable To (list all) |
| Direct Handling  | **[ ]**  |       | **[ ]**  |  |
| Passive Handling (Training; Stimulus Control) | **[ ]**  |       | **[ ]**  |  |
| Restraint | **[ ]**  |       | **[ ]**  |  |
| Oral Gavage | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Injections** |
| Intramuscular | **[ ]**  |       | **[ ]**  |  |
| Subcutaneous | **[ ]**  |       | **[ ]**  |  |
| Intraperitoneal | **[ ]**  |       | **[ ]**  |  |
| Intracardiac | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Blood Collection** |
| Tail vein | **[ ]**  |       | **[ ]**  |  |
| Facial (maxillary) vein | **[ ]**  |       | **[ ]**  |  |
| Saphenous vein | **[ ]**  |       | **[ ]**  |  |
| Orbital sinus/plexus | **[ ]**  |       | **[ ]**  |  |
| Cardiac puncture | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Identification** |
| Ear tagging | **[ ]**  |       | **[ ]**  |  |
| Ear notch | **[ ]**  |       | **[ ]**  |  |
| Microchip | **[ ]**  |       | **[ ]**  |  |
| Dart/roto tag | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Anesthesia** |
| Injectable | **[ ]**  |       | **[ ]**  |  |
| Volatile | **[ ]**  |       | **[ ]**  |  |
| Aseptic technique | **[ ]**  |       | **[ ]**  |  |
| Post-surgical care | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Euthanasia** |
| CO2 | **[ ]**  |       | **[ ]**  |  |
| Decapitation | **[ ]**  |       | **[ ]**  |  |
| Cervical dislocation | **[ ]**  |       | **[ ]**  |  |
| Transcardial perforation | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
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**F1. PERSONNEL INFORMATION\***

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| Day Phone: |       | E-mail address: |       |
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| GAI Relationship: | **[ ]** Staff **[ ]** Intern **[ ]** Volunteer **[ ]** Not Affiliated  |
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**F2. ANIMAL USE, ETHICS, AND WELFARE TRAINING\***

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| During the review of this protocol, the IACUC will review and confirm that you have met the training requirements for the species and work involved in this protocol. Please review such training requirements below and indicate which option matches your situation the best. **Training must be completed every five years**.

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**F3. PERSONNEL AGREEMENT\***

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| **[ ]**  I understand that work performed without IACUC approval may result in federally required reporting of non- compliance. |
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| **[ ]**  I certify that I have reviewed the humane endpoints in this proposal and are competent to assess the animal's  well-being. |
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 **F4. SKILLS AND EXPERIENCE\***

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| With respect to **THIS PROTOCOL CONLY**, please indicate the species with which you will be working with and indicate which skills are needed to perform the study in which you are **ALREADY PROFICIENT**. |

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| Techniques | Current Skills | List length of experience | Training Needed | Species Applicable To (list all) |
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| Oral Gavage | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Injections** |
| Intramuscular | **[ ]**  |       | **[ ]**  |  |
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| Intracardiac | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Blood Collection** |
| Tail vein | **[ ]**  |       | **[ ]**  |  |
| Facial (maxillary) vein | **[ ]**  |       | **[ ]**  |  |
| Saphenous vein | **[ ]**  |       | **[ ]**  |  |
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| Other: |       |
| **Identification** |
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| Transcardial perforation | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
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**F1. PERSONNEL INFORMATION\***

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| Day Phone: |       | E-mail address: |       |
|  |  |  |  |
| GAI Relationship: | **[ ]** Staff **[ ]** Intern **[ ]** Volunteer **[ ]** Not Affiliated  |
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**F2. ANIMAL USE, ETHICS, AND WELFARE TRAINING\***

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**F3. PERSONNEL AGREEMENT\***

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 **F4. SKILLS AND EXPERIENCE\***

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| With respect to **THIS PROTOCOL CONLY**, please indicate the species with which you will be working with and indicate which skills are needed to perform the study in which you are **ALREADY PROFICIENT**. |

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| Other: |       |
| **Injections** |
| Intramuscular | **[ ]**  |       | **[ ]**  |  |
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| **Blood Collection** |
| Tail vein | **[ ]**  |       | **[ ]**  |  |
| Facial (maxillary) vein | **[ ]**  |       | **[ ]**  |  |
| Saphenous vein | **[ ]**  |       | **[ ]**  |  |
| Orbital sinus/plexus | **[ ]**  |       | **[ ]**  |  |
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| Other: |       |
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| Aseptic technique | **[ ]**  |       | **[ ]**  |  |
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| Other: |       |
| **Euthanasia** |
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| Cervical dislocation | **[ ]**  |       | **[ ]**  |  |
| Transcardial perforation | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
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### Expand this section to add 5 more Section F.

**F1. PERSONNEL INFORMATION\***

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| Name: |       | Institution/Department: |       |
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| Day Phone: |       | E-mail address: |       |
|  |  |  |  |
| GAI Relationship: | **[ ]** Staff **[ ]** Intern **[ ]** Volunteer **[ ]** Not Affiliated  |
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**F2. ANIMAL USE, ETHICS, AND WELFARE TRAINING\***

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**F3. PERSONNEL AGREEMENT\***

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 **F4. SKILLS AND EXPERIENCE\***

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| What experience do you have that prepares you to perform the procedures and use the techniques required of you in this protocol? **(Please be specific.)** |
|  |  |
|  |       |
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| If training in specific skills is needed (as indicated below) or if you will be engaged in procedures for which you are not presently proficient, indicate who will provide the necessary training and who will provide oversight until you have achieved proficiency: |
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| Please complete the researcher techniques checklist below. All applicable techniques that will be used in this protocol should be completed with appropriate skills, experience, and training information. **Blank checklists will not be accepted**. |

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| --- | --- | --- | --- | --- |
| Techniques | Current Skills | List length of experience | Training Needed | Species Applicable To (list all) |
| Direct Handling  | **[ ]**  |       | **[ ]**  |  |
| Passive Handling (Training; Stimulus Control) | **[ ]**  |       | **[ ]**  |  |
| Restraint | **[ ]**  |       | **[ ]**  |  |
| Oral Gavage | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Injections** |
| Intramuscular | **[ ]**  |       | **[ ]**  |  |
| Subcutaneous | **[ ]**  |       | **[ ]**  |  |
| Intraperitoneal | **[ ]**  |       | **[ ]**  |  |
| Intracardiac | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Blood Collection** |
| Tail vein | **[ ]**  |       | **[ ]**  |  |
| Facial (maxillary) vein | **[ ]**  |       | **[ ]**  |  |
| Saphenous vein | **[ ]**  |       | **[ ]**  |  |
| Orbital sinus/plexus | **[ ]**  |       | **[ ]**  |  |
| Cardiac puncture | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Identification** |
| Ear tagging | **[ ]**  |       | **[ ]**  |  |
| Ear notch | **[ ]**  |       | **[ ]**  |  |
| Microchip | **[ ]**  |       | **[ ]**  |  |
| Dart/roto tag | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Anesthesia** |
| Injectable | **[ ]**  |       | **[ ]**  |  |
| Volatile | **[ ]**  |       | **[ ]**  |  |
| Aseptic technique | **[ ]**  |       | **[ ]**  |  |
| Post-surgical care | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Euthanasia** |
| CO2 | **[ ]**  |       | **[ ]**  |  |
| Decapitation | **[ ]**  |       | **[ ]**  |  |
| Cervical dislocation | **[ ]**  |       | **[ ]**  |  |
| Transcardial perforation | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
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**F1. PERSONNEL INFORMATION\***

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| Name: |       | Institution/Department: |       |
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| Day Phone: |       | E-mail address: |       |
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| GAI Relationship: | **[ ]** Staff **[ ]** Intern **[ ]** Volunteer **[ ]** Not Affiliated  |
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**F2. ANIMAL USE, ETHICS, AND WELFARE TRAINING\***

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| During the review of this protocol, the IACUC will review and confirm that you have met the training requirements for the species and work involved in this protocol. Please review such training requirements below and indicate which option matches your situation the best. **Training must be completed every five years**.

|  |  |
| --- | --- |
| Research Group | Required Training or Forms |
| Georgia Aquarium Personnel - Research & Conservation | 1. Working with the IACUC2. Working with Fish in a Research Setting3. Wildlife Research |
| Georgia Aquarium Personnel - Zoological Operations, Aquatic Sustainability, Animal Health, Other | 1. Working with the IACUC2. Species Appropriate Module(s)\*3. Research Basics **(Georgia Aquarium Academy)** |
| Principal Investigators & Animal Handling Researchers/Technicians – In House | 1. Working with the IACUC2. Species Appropriate Module(s)\* |
| Principal Investigators & Animal Handling Researchers/Technicians – In Field | 1. Working with the IACUC2. Species Appropriate Module(s)\*3. Wildlife Research |
| International Researchers, Technicians, or Fisherman - Animal Handling | 1. Liability Waiver – Individual must receive instruction and supervision by a GAI staff member. |
| Researchers or Technicians – No Animal Handling | 1. Liability Waiver |

\* “Species Appropriate Module(s)” include Working with Fish in a Research Setting, Working with Amphibians in a Research Setting, and Working with Reptiles in a Research Setting. For species appropriate training for mammals, birds, or invertebrates, please contact the IACUC. |

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| **[ ]**  I have completed all the required training through the CITI Program under Georgia Aquarium as an institution.  *Certificates will be verified by the IACUC through CITI (and Georgia Aquarium Academy where applicable).* |
|  |
| **[ ]**  I have completed all the required training through the CITI Program under another institution.  *Copies of your certificates must be provided with this application.*  |
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**F3. PERSONNEL AGREEMENT\***

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| **[ ]**  I have reviewed and will abide by the IACUC’s **Research Approval Standard Conditions** and will promptly  notify the Principal Investigator of any situations that arise which fall under these standard conditions. |
|  |
| **[ ]**  I have reviewed, or will review, the protocol section under which I will be performing work. I accept  responsibility for conducting my work in accord with the approved protocol. |
|  |
| **[ ]**  I understand that work performed without IACUC approval may result in federally required reporting of non- compliance. |
|  |
| **[ ]**  I certify that I have reviewed the humane endpoints in this proposal and are competent to assess the animal's  well-being. |
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 **F4. SKILLS AND EXPERIENCE\***

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| With respect to **THIS PROTOCOL CONLY**, please indicate the species with which you will be working with and indicate which skills are needed to perform the study in which you are **ALREADY PROFICIENT**. |

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| Please describe any formal training that you have received related to the use of animals. Include the institution, approximate dates, and a brief description of the training content: |
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| What experience do you have that prepares you to perform the procedures and use the techniques required of you in this protocol? **(Please be specific.)** |
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| If training in specific skills is needed (as indicated below) or if you will be engaged in procedures for which you are not presently proficient, indicate who will provide the necessary training and who will provide oversight until you have achieved proficiency: |
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| Please complete the researcher techniques checklist below. All applicable techniques that will be used in this protocol should be completed with appropriate skills, experience, and training information. **Blank checklists will not be accepted**. |

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| --- | --- | --- | --- | --- |
| Techniques | Current Skills | List length of experience | Training Needed | Species Applicable To (list all) |
| Direct Handling  | **[ ]**  |       | **[ ]**  |  |
| Passive Handling (Training; Stimulus Control) | **[ ]**  |       | **[ ]**  |  |
| Restraint | **[ ]**  |       | **[ ]**  |  |
| Oral Gavage | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Injections** |
| Intramuscular | **[ ]**  |       | **[ ]**  |  |
| Subcutaneous | **[ ]**  |       | **[ ]**  |  |
| Intraperitoneal | **[ ]**  |       | **[ ]**  |  |
| Intracardiac | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Blood Collection** |
| Tail vein | **[ ]**  |       | **[ ]**  |  |
| Facial (maxillary) vein | **[ ]**  |       | **[ ]**  |  |
| Saphenous vein | **[ ]**  |       | **[ ]**  |  |
| Orbital sinus/plexus | **[ ]**  |       | **[ ]**  |  |
| Cardiac puncture | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Identification** |
| Ear tagging | **[ ]**  |       | **[ ]**  |  |
| Ear notch | **[ ]**  |       | **[ ]**  |  |
| Microchip | **[ ]**  |       | **[ ]**  |  |
| Dart/roto tag | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Anesthesia** |
| Injectable | **[ ]**  |       | **[ ]**  |  |
| Volatile | **[ ]**  |       | **[ ]**  |  |
| Aseptic technique | **[ ]**  |       | **[ ]**  |  |
| Post-surgical care | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Euthanasia** |
| CO2 | **[ ]**  |       | **[ ]**  |  |
| Decapitation | **[ ]**  |       | **[ ]**  |  |
| Cervical dislocation | **[ ]**  |       | **[ ]**  |  |
| Transcardial perforation | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
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**F1. PERSONNEL INFORMATION\***

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| Day Phone: |       | E-mail address: |       |
|  |  |  |  |
| GAI Relationship: | **[ ]** Staff **[ ]** Intern **[ ]** Volunteer **[ ]** Not Affiliated  |
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**F2. ANIMAL USE, ETHICS, AND WELFARE TRAINING\***

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| During the review of this protocol, the IACUC will review and confirm that you have met the training requirements for the species and work involved in this protocol. Please review such training requirements below and indicate which option matches your situation the best. **Training must be completed every five years**.

|  |  |
| --- | --- |
| Research Group | Required Training or Forms |
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| Georgia Aquarium Personnel - Zoological Operations, Aquatic Sustainability, Animal Health, Other | 1. Working with the IACUC2. Species Appropriate Module(s)\*3. Research Basics **(Georgia Aquarium Academy)** |
| Principal Investigators & Animal Handling Researchers/Technicians – In House | 1. Working with the IACUC2. Species Appropriate Module(s)\* |
| Principal Investigators & Animal Handling Researchers/Technicians – In Field | 1. Working with the IACUC2. Species Appropriate Module(s)\*3. Wildlife Research |
| International Researchers, Technicians, or Fisherman - Animal Handling | 1. Liability Waiver – Individual must receive instruction and supervision by a GAI staff member. |
| Researchers or Technicians – No Animal Handling | 1. Liability Waiver |

\* “Species Appropriate Module(s)” include Working with Fish in a Research Setting, Working with Amphibians in a Research Setting, and Working with Reptiles in a Research Setting. For species appropriate training for mammals, birds, or invertebrates, please contact the IACUC. |

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| **[ ]**  I have completed all the required training through the CITI Program under Georgia Aquarium as an institution.  *Certificates will be verified by the IACUC through CITI (and Georgia Aquarium Academy where applicable).* |
|  |
| **[ ]**  I have completed all the required training through the CITI Program under another institution.  *Copies of your certificates must be provided with this application.*  |
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**F3. PERSONNEL AGREEMENT\***

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| **[ ]**  I have reviewed and will abide by the IACUC’s **Research Approval Standard Conditions** and will promptly  notify the Principal Investigator of any situations that arise which fall under these standard conditions. |
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| **[ ]**  I have reviewed, or will review, the protocol section under which I will be performing work. I accept  responsibility for conducting my work in accord with the approved protocol. |
|  |
| **[ ]**  I understand that work performed without IACUC approval may result in federally required reporting of non- compliance. |
|  |
| **[ ]**  I certify that I have reviewed the humane endpoints in this proposal and are competent to assess the animal's  well-being. |
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 **F4. SKILLS AND EXPERIENCE\***

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| With respect to **THIS PROTOCOL CONLY**, please indicate the species with which you will be working with and indicate which skills are needed to perform the study in which you are **ALREADY PROFICIENT**. |

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| Please describe any formal training that you have received related to the use of animals. Include the institution, approximate dates, and a brief description of the training content: |
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|  |       |
|  |  |
| What experience do you have that prepares you to perform the procedures and use the techniques required of you in this protocol? **(Please be specific.)** |
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| If training in specific skills is needed (as indicated below) or if you will be engaged in procedures for which you are not presently proficient, indicate who will provide the necessary training and who will provide oversight until you have achieved proficiency: |
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| Please complete the researcher techniques checklist below. All applicable techniques that will be used in this protocol should be completed with appropriate skills, experience, and training information. **Blank checklists will not be accepted**. |

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| Techniques | Current Skills | List length of experience | Training Needed | Species Applicable To (list all) |
| Direct Handling  | **[ ]**  |       | **[ ]**  |  |
| Passive Handling (Training; Stimulus Control) | **[ ]**  |       | **[ ]**  |  |
| Restraint | **[ ]**  |       | **[ ]**  |  |
| Oral Gavage | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Injections** |
| Intramuscular | **[ ]**  |       | **[ ]**  |  |
| Subcutaneous | **[ ]**  |       | **[ ]**  |  |
| Intraperitoneal | **[ ]**  |       | **[ ]**  |  |
| Intracardiac | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Blood Collection** |
| Tail vein | **[ ]**  |       | **[ ]**  |  |
| Facial (maxillary) vein | **[ ]**  |       | **[ ]**  |  |
| Saphenous vein | **[ ]**  |       | **[ ]**  |  |
| Orbital sinus/plexus | **[ ]**  |       | **[ ]**  |  |
| Cardiac puncture | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Identification** |
| Ear tagging | **[ ]**  |       | **[ ]**  |  |
| Ear notch | **[ ]**  |       | **[ ]**  |  |
| Microchip | **[ ]**  |       | **[ ]**  |  |
| Dart/roto tag | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Anesthesia** |
| Injectable | **[ ]**  |       | **[ ]**  |  |
| Volatile | **[ ]**  |       | **[ ]**  |  |
| Aseptic technique | **[ ]**  |       | **[ ]**  |  |
| Post-surgical care | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Euthanasia** |
| CO2 | **[ ]**  |       | **[ ]**  |  |
| Decapitation | **[ ]**  |       | **[ ]**  |  |
| Cervical dislocation | **[ ]**  |       | **[ ]**  |  |
| Transcardial perforation | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
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**F1. PERSONNEL INFORMATION\***

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| Name: |       | Institution/Department: |       |
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| Day Phone: |       | E-mail address: |       |
|  |  |  |  |
| GAI Relationship: | **[ ]** Staff **[ ]** Intern **[ ]** Volunteer **[ ]** Not Affiliated  |
|  |

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**F2. ANIMAL USE, ETHICS, AND WELFARE TRAINING\***

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| During the review of this protocol, the IACUC will review and confirm that you have met the training requirements for the species and work involved in this protocol. Please review such training requirements below and indicate which option matches your situation the best. **Training must be completed every five years**.

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| Principal Investigators & Animal Handling Researchers/Technicians – In House | 1. Working with the IACUC2. Species Appropriate Module(s)\* |
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| International Researchers, Technicians, or Fisherman - Animal Handling | 1. Liability Waiver – Individual must receive instruction and supervision by a GAI staff member. |
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**F3. PERSONNEL AGREEMENT\***

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| **[ ]**  I have reviewed and will abide by the IACUC’s **Research Approval Standard Conditions** and will promptly  notify the Principal Investigator of any situations that arise which fall under these standard conditions. |
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| **[ ]**  I have reviewed, or will review, the protocol section under which I will be performing work. I accept  responsibility for conducting my work in accord with the approved protocol. |
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| **[ ]**  I understand that work performed without IACUC approval may result in federally required reporting of non- compliance. |
|  |
| **[ ]**  I certify that I have reviewed the humane endpoints in this proposal and are competent to assess the animal's  well-being. |
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 **F4. SKILLS AND EXPERIENCE\***

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| --- |
| With respect to **THIS PROTOCOL CONLY**, please indicate the species with which you will be working with and indicate which skills are needed to perform the study in which you are **ALREADY PROFICIENT**. |

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| --- |
| Please describe any formal training that you have received related to the use of animals. Include the institution, approximate dates, and a brief description of the training content: |
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|  |       |
|  |  |
| What experience do you have that prepares you to perform the procedures and use the techniques required of you in this protocol? **(Please be specific.)** |
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| If training in specific skills is needed (as indicated below) or if you will be engaged in procedures for which you are not presently proficient, indicate who will provide the necessary training and who will provide oversight until you have achieved proficiency: |
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| Please complete the researcher techniques checklist below. All applicable techniques that will be used in this protocol should be completed with appropriate skills, experience, and training information. **Blank checklists will not be accepted**. |

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| --- | --- | --- | --- | --- |
| Techniques | Current Skills | List length of experience | Training Needed | Species Applicable To (list all) |
| Direct Handling  | **[ ]**  |       | **[ ]**  |  |
| Passive Handling (Training; Stimulus Control) | **[ ]**  |       | **[ ]**  |  |
| Restraint | **[ ]**  |       | **[ ]**  |  |
| Oral Gavage | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Injections** |
| Intramuscular | **[ ]**  |       | **[ ]**  |  |
| Subcutaneous | **[ ]**  |       | **[ ]**  |  |
| Intraperitoneal | **[ ]**  |       | **[ ]**  |  |
| Intracardiac | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Blood Collection** |
| Tail vein | **[ ]**  |       | **[ ]**  |  |
| Facial (maxillary) vein | **[ ]**  |       | **[ ]**  |  |
| Saphenous vein | **[ ]**  |       | **[ ]**  |  |
| Orbital sinus/plexus | **[ ]**  |       | **[ ]**  |  |
| Cardiac puncture | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Identification** |
| Ear tagging | **[ ]**  |       | **[ ]**  |  |
| Ear notch | **[ ]**  |       | **[ ]**  |  |
| Microchip | **[ ]**  |       | **[ ]**  |  |
| Dart/roto tag | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Anesthesia** |
| Injectable | **[ ]**  |       | **[ ]**  |  |
| Volatile | **[ ]**  |       | **[ ]**  |  |
| Aseptic technique | **[ ]**  |       | **[ ]**  |  |
| Post-surgical care | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Euthanasia** |
| CO2 | **[ ]**  |       | **[ ]**  |  |
| Decapitation | **[ ]**  |       | **[ ]**  |  |
| Cervical dislocation | **[ ]**  |       | **[ ]**  |  |
| Transcardial perforation | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
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**F1. PERSONNEL INFORMATION\***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- | --- | --- | --- |
| Name: |       | Institution/Department: |       |
|  |  |  |  |
| Day Phone: |       | E-mail address: |       |
|  |  |  |  |
| GAI Relationship: | **[ ]** Staff **[ ]** Intern **[ ]** Volunteer **[ ]** Not Affiliated  |
|  |

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**F2. ANIMAL USE, ETHICS, AND WELFARE TRAINING\***

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| During the review of this protocol, the IACUC will review and confirm that you have met the training requirements for the species and work involved in this protocol. Please review such training requirements below and indicate which option matches your situation the best. **Training must be completed every five years**.

|  |  |
| --- | --- |
| Research Group | Required Training or Forms |
| Georgia Aquarium Personnel - Research & Conservation | 1. Working with the IACUC2. Working with Fish in a Research Setting3. Wildlife Research |
| Georgia Aquarium Personnel - Zoological Operations, Aquatic Sustainability, Animal Health, Other | 1. Working with the IACUC2. Species Appropriate Module(s)\*3. Research Basics **(Georgia Aquarium Academy)** |
| Principal Investigators & Animal Handling Researchers/Technicians – In House | 1. Working with the IACUC2. Species Appropriate Module(s)\* |
| Principal Investigators & Animal Handling Researchers/Technicians – In Field | 1. Working with the IACUC2. Species Appropriate Module(s)\*3. Wildlife Research |
| International Researchers, Technicians, or Fisherman - Animal Handling | 1. Liability Waiver – Individual must receive instruction and supervision by a GAI staff member. |
| Researchers or Technicians – No Animal Handling | 1. Liability Waiver |

\* “Species Appropriate Module(s)” include Working with Fish in a Research Setting, Working with Amphibians in a Research Setting, and Working with Reptiles in a Research Setting. For species appropriate training for mammals, birds, or invertebrates, please contact the IACUC. |

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| **[ ]**  I have completed all the required training through the CITI Program under Georgia Aquarium as an institution.  *Certificates will be verified by the IACUC through CITI (and Georgia Aquarium Academy where applicable).* |
|  |
| **[ ]**  I have completed all the required training through the CITI Program under another institution.  *Copies of your certificates must be provided with this application.*  |
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**F3. PERSONNEL AGREEMENT\***

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| **[ ]**  I have reviewed and will abide by the IACUC’s **Research Approval Standard Conditions** and will promptly  notify the Principal Investigator of any situations that arise which fall under these standard conditions. |
|  |
| **[ ]**  I have reviewed, or will review, the protocol section under which I will be performing work. I accept  responsibility for conducting my work in accord with the approved protocol. |
|  |
| **[ ]**  I understand that work performed without IACUC approval may result in federally required reporting of non- compliance. |
|  |
| **[ ]**  I certify that I have reviewed the humane endpoints in this proposal and are competent to assess the animal's  well-being. |
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 **F4. SKILLS AND EXPERIENCE\***

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| With respect to **THIS PROTOCOL CONLY**, please indicate the species with which you will be working with and indicate which skills are needed to perform the study in which you are **ALREADY PROFICIENT**. |

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| Please describe any formal training that you have received related to the use of animals. Include the institution, approximate dates, and a brief description of the training content: |
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| What experience do you have that prepares you to perform the procedures and use the techniques required of you in this protocol? **(Please be specific.)** |
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|  |       |
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| If training in specific skills is needed (as indicated below) or if you will be engaged in procedures for which you are not presently proficient, indicate who will provide the necessary training and who will provide oversight until you have achieved proficiency: |
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| Please complete the researcher techniques checklist below. All applicable techniques that will be used in this protocol should be completed with appropriate skills, experience, and training information. **Blank checklists will not be accepted**. |

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| --- | --- | --- | --- | --- |
| Techniques | Current Skills | List length of experience | Training Needed | Species Applicable To (list all) |
| Direct Handling  | **[ ]**  |       | **[ ]**  |  |
| Passive Handling (Training; Stimulus Control) | **[ ]**  |       | **[ ]**  |  |
| Restraint | **[ ]**  |       | **[ ]**  |  |
| Oral Gavage | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Injections** |
| Intramuscular | **[ ]**  |       | **[ ]**  |  |
| Subcutaneous | **[ ]**  |       | **[ ]**  |  |
| Intraperitoneal | **[ ]**  |       | **[ ]**  |  |
| Intracardiac | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Blood Collection** |
| Tail vein | **[ ]**  |       | **[ ]**  |  |
| Facial (maxillary) vein | **[ ]**  |       | **[ ]**  |  |
| Saphenous vein | **[ ]**  |       | **[ ]**  |  |
| Orbital sinus/plexus | **[ ]**  |       | **[ ]**  |  |
| Cardiac puncture | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Identification** |
| Ear tagging | **[ ]**  |       | **[ ]**  |  |
| Ear notch | **[ ]**  |       | **[ ]**  |  |
| Microchip | **[ ]**  |       | **[ ]**  |  |
| Dart/roto tag | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Anesthesia** |
| Injectable | **[ ]**  |       | **[ ]**  |  |
| Volatile | **[ ]**  |       | **[ ]**  |  |
| Aseptic technique | **[ ]**  |       | **[ ]**  |  |
| Post-surgical care | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Euthanasia** |
| CO2 | **[ ]**  |       | **[ ]**  |  |
| Decapitation | **[ ]**  |       | **[ ]**  |  |
| Cervical dislocation | **[ ]**  |       | **[ ]**  |  |
| Transcardial perforation | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
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