WESTAT PROTECTION OF HUMAN SUBJECTS TRAINING CERTIFICATION OF COMPLETION

Please fill out form electronically

Employee's Information

Employee's Name: _____
LAST FIRST MI

Westat ID Number: _____ Study Area Organization Number: _____

I have completed Westat's instruction on the Protection of Human Subjects. The version was:

☐ Systems and Data Management Staff

☐ Project Staff

Signature: _____ **Date Completed:** _____
MM/DD/YYYY

For Computer Systems Staff (except those in the Clinical Trials Area):

E-mail the form as an attachment, or send a signed hard-copy of this form to Cecilia Wilson at WB316S. If the form is sent as an e-mail document, a signature is not required.

For All Other Staff:

E-mail the form as an attachment, or send a signed hard-copy of this form to Carol Dollarhide at WB315. If the form is sent as an e-mail document, a signature is not required.

Revised: 07/06/2007