

CENTER FOR BIOMEDICAL RESEARCH

UNIVERSITY OF NORTH DAKOTA

ANIMAL CARE AND USE COURSES COMPLETION

<i>Personnel's Name</i>		<i>Primary Investigator</i>	
<i>Department</i>			
<i>Date of Completion</i>			
<i>List all Courses Completed. *Printouts of all dated Certificates must be attached</i>			
<p>I have completed the Animal Care and Use Courses as listed above and attached the certificates of completion.</p>			
Printed/ Typed Name	_____	Phone	_____
Signature	_____	Date	_____