# UNIVERSITY OF NEW MEXICO

# HEALTH SCIENCES CENTER

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| --- | --- | --- | --- |
| To: | Enter Agency | Date: | Enter Current Date. |
| PI's Name: | Enter Principal Investigator’s Name |  |  |
| Subject: Human Subject Research Certification for Grant No. | Enter Grant Number |
|  |  |  |  |  |

The key personnel on the above referenced grant have completed the required education in protection of human research participants. The names of each key person and the type of training they have completed is listed below:

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| --- | --- | --- | --- | --- |
| Name of Key Person |  | Type of Training Completed |  | Date Training Completed |
| Enter Name of Key Personnel |  | Enter Type of Training Completed |  | Enter Date Completed |
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