**Evidence of Skills and Training Form (EST)**



**Animal Care Committeev**

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**FOIP NOTIFICATION:**

THE PERSONAL INFORMATION REQUESTED ON THIS FORM IS COLLECTED AND PROTECTED UNDER THE AUTHORITY OF THE ALBERTA FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY (FOIP) ACT, AND WILL BE USED FOR THE PURPOSE OF PROCESSING YOUR ANIMAL CARE COMMITTEE (ACC) APPLICATION**,** AND FOR USES CONSISTENT WITH THIS PURPOSE. QUESTIONS CAN BE DIRECTED TO THE ACC COORDINATOR**,** LETHBRIDGE COLLEGE, 403.320.3202 EXT.5787.

## BACKGROUND:

## THE CANADIAN COUNCIL ON ANIMAL CARE (CCAC) GUIDELINES ON NATIONAL INSTITUTIONAL ANIMAL USER PROGRAM (1999) REQUIRES THAT: ALL PERSONNEL INVOLVED WITH THE USE OF ANIMALS IN RESEARCH, TEACHING AND TESTING MUST BE ADEQUATELY TRAINED IN THE PRINCIPLES OF LABORATORY ANIMAL SCIENCE AND THE ETHICAL ISSUES INVOLVED IN ANIMAL USE. IT IS THE PRINCIPAL INVESTIGATOR’S RESPONSIBILITY TO ENSURE ONLY TRAINED PERSONNEL WORK WITH ANIMALS. IT IS THE INSTITUTION’S RESPONSIBILITY TO DOCUMENT THAT TRAINING. THE EDUCATION AND TRAINING DATA FORM PROVIDES THAT DOCUMENTATION. THE LETHBRIDGE COLLEGE ACC REQUIRES THAT AN EDUCATION AND TRAINING DATA FORM (ETDF) MUST BE COMPLETED BY EACH PERSON WHO IS LISTED ON AN APPLICATION ANIMAL USE PROTOCOL EVEN IF THE INDIVIDUAL DOES NOT DIRECTLY HANDLE ANY ANIMALS. ONLY ONE ETDF FORM IS REQUIRED FOR EACH PERSON, (LISTING ALL TRAINING AND SKILLS) EVEN IF THAT PERSON IS ASSOCIATED WITH MORE THAN ONE PROTOCOL.

## INSTRUCTIONS:

## COMPLETE THIS FORM AND SUBMIT ELECTRONICALLY TO THE ACC COORDINATOR AS A SINGLE DOCUMENT (.DOC OR .PDF) AT [APPLIEDRESEARCH@LETHBRIDGECOLLEGE.CA](mailto:APPLIEDRESEARCH@LETHBRIDGECOLLEGE.CA). APPLICATIONS RECEIVED AS MULTIPLE ATTACHMENTS WILL NOT BE ACCEPTED. IF ELECTRONIC SUBMISSION IS NOT POSSIBLE PLEASE CONTACT THE ACC COORDINATOR.

**\*\*\* YOUR APPLICATION WILL NOT BE REVIEWED BY THE ACC UNTIL ALL NECESSARY DOCUMENTS (I.E. SURVEY QUESTIONS, CONSENT DOCUMENTS, INTERVIEW QUESTIONS) HAVE BEEN RECEIVED BY THE ACC COORIDNATOR\*\*\***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ANIMAL CARE COMMITTEE USE ONLY  |  |  |  |  | | --- | --- | --- | --- | | DATE RECEIVED |  | PROTOCOL NUMBER |  | | REVIEW DATE |  | APPROVAL DATE |  | |  |  |  |  | |

## GENERAL PROJECT INFORMATION

|  |
| --- |
| Protocol number (if known): |
| Descriptive project title: |
| Original project start / end date: Start: Click here to enter a date. End: Click here to enter a date. |
| New project start / end date: Start: Click here to enter a date. End: Click here to enter a date. |
| Number of previous renewals:  1  2  3 |

## PERSONNEL INFORMATION

PRINCIPAL INVESTIGATOR / FACULTY MEMBER:

|  |  |  |  |
| --- | --- | --- | --- |
| Last name, first name: | | | |
| Institutional affiliation: Choose an item. explain other: | | | |
| Department / school: Choose an item. | | | |
| Employee / Student ID #: | | Current EST on file  YES  NO UNSURE | |
| Phone number: | Email address: | | |
| Address (If other than Lethbridge College): | | | |
| City: | Province: | | Postal code: |

## FORMAL EDUCATION AND TRAINING

ACADEMIC DEGREE(S)

|  |  |  |
| --- | --- | --- |
| Degree Earned: | Date Earned: | Institution: |
| Degree Earned: | Date Earned: | Institution: |
| Degree Earned: | Date Earned: | Institution: |
| Degree Earned: | Date Earned: | Institution: |

TECHNICAL CERTIFICATIONS, DIPLOMAS, MEMBERSHIPS:

Alberta Association of Animal Health Technologists

Alberta Farm Animal Care Association

Alberta Veterinary Medical Association – General Practice License

Alberta Veterinary Medical Association – Restricted Membership

Alberta Veterinary Medical Association – Limited License

Canadian Association for Laboratory Animal Science (CALAS) - Registered Laboratory Animal Technician (RLAT)

Canadian Association for Laboratory Animal Science (CALAS) –Registered Master Laboratory Animal Technician ([RMLAT)](http://www.calas-acsal.org/index.php?option=com_content&task=view&id=37) Canadian Association for Laboratory Animal Science (CALAS) - Associate Registered Laboratory Animal Technician ([ARLAT](http://www.calas-acsal.org/index.php?option=com_content&task=view&id=35))

National Farm Animal Care Council

Other:

OTHER COURSES / WORKSHOPS RELATED TO ANIMAL CARE & USE:

CCAC Modules:

Guidelines, Legislation, and Regulations

Ethics in Animal Experimentation

The Three Rs of Humane Animal Experimentation

Occupational Health and Safety

Research Issues

Basic Animal Care

Environmental Enrichment

Basic Diseases and the Animal Facility

Pain, Distress and Endpoints

Analgesia

Anesthesia

Euthanasia of Experimental Animals

Other Lethbridge College training – Please provide details and dates completed:

|  |  |
| --- | --- |
| Course: | Date Completed: Click here to enter a date. |
| Course: | Date Completed: Click here to enter a date. |
| Course: | Date Completed: Click here to enter a date. |
| Course: | Date Completed: Click here to enter a date. |

Other Animal Care Training – Please provide details and dates completed:

|  |  |  |
| --- | --- | --- |
| Course: | Date Completed: Click here to enter a date. | Institution: |
| Course: | Date Completed: Click here to enter a date. | Institution: |
| Course: | Date Completed: Click here to enter a date. | Institution: |
| Course: | Date Completed: Click here to enter a date. | Institution: |

**ANIMAL HANDLING SPECIFICS**

Complete the following tables for the procedures you will perform on live animals. Use the "other" section for species or procedures not listed. If you already have experience, describe the amount (e.g., performed once or twice, a few times, numerous times, 5 years, etc.).

|  |  |  |  |
| --- | --- | --- | --- |
| **BASIC PROCEDURES** | **SPECIES (LIST ALL)** | **SPECIFIC DEVICES / METHODS / ROUTES USED** | **AMOUNT OF EXPERIENCE** |
| RESTRAINT & HANDLING |  |  |  |
| ADMINISTERING INJECTIONS |  |  |  |
| BLOOD COLLECTIONS |  |  |  |
| ANAESTHESIA |  |  |  |
| EUTHANASIA |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SPECIAL PROCEDURES** | **SPECIES (LIST ALL)** | **PROCUDURE DETAILS** | **AMOUNT OF EXPERIENCE** |
| STERILE SURGERY  (List specifics) |  |  |  |
| NON-STERILE SURGERY  (List specifics) |  |  |  |
| OTHER  (Describe procedures) |  |  |  |

**ACCURACY OF INFORMATION**

I certify that I have read and understand the policies, procedures, and guidelines developed by Lethbridge College for humane treatment and care of animals in accordance with the standards and principles established by the Canadian Council on Animal Care and that I intend to comply fully with the letter and spirit of those policies, procedures, and guidelines; that all the information I have included in this application is, to the best of my knowledge, true; and that I have not knowingly omitted any information from this application that is relevant to the task of the Lethbridge College Animal Care Committee. I further acknowledge my responsibility to report any significant changes in the project and to obtain written approval for those changes, as required by the College policies, procedures, and guidelines, prior to implementing those changes.

Submission of this application together with supporting documentation indicates compliance with the foregoing statement.

**Principal Investigator or Course Director:**

|  |  |
| --- | --- |
|  | Click here to enter a date. |
| Typed Name | Date |