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| **CIRTification Completion Log** | | | | | |
| **IRBNet ID #:** |  | | | | |
| **Project Title:** |  | | | | |
| Principal Investigator: |  | | | | |
| By signing below I attest to the following:   * I attended an entire CIRTification human research protection training presentation; * I understand the information presented, and * I will apply the knowledge gained. | | | | | |
| **Name** | | | **Signature** | | **Date** |
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| **Principal Investigator Acknowledgement** | | | | | |
| I attest that I have presented the entire content of the CIRTification human research protections training to the personnel listed above and that I have current UC Davis CITI human research protection certification. | | | | | |
| Facilitator name | | Facilitator signature | | Date | |
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