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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.
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| **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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