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



**Animal Care Committee**

500 University Dr.

Whitehorse, YT Y1A 5K4

867-668-8857

acc@yukonu.ca

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ANIMAL CARE COMITTEE USE ONLY  |  |  |  |  | | --- | --- | --- | --- | | DATE RECEIVED | Click or tap here to enter text. | PROTOCOL NUMBER | Click or tap here to enter text. | | REVIEW DATE | Click or tap here to enter text. | APPROVAL DATE | Click or tap here to enter text. | |

**ATIPP Notification:**

The personal information requested on this form is collected and protected under the authority of the Yukon Access to Information and Privacy (ATIPP) 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, Yukon University 867-668-8857.

## Background:

## The Canadian Council on Animal Care (CCAC) guidelines 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 investigators responsibility to ensure only trained personnel work with animals. It is the institutions responsibility to document that training. The education and training data form provides that documentation. The Yukon University ACC requires that an education and training data form (ETDF) must be completed by each person who is listed on an application for 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 (.docx) to the ACC Coordinator at [vwalker@yukonu.ca](mailto:vwalker@yukonu.ca). If electronic submission is not possible please contact the ACC Coordinator.

**Your application will NOT be reviewed by the ACC until all necessary documents have been received by the ACC Coordinator**

## GENERAL PROJECT INFORMATION

|  |
| --- |
| Protocol number (if known): Click here to enter text. |
| Project title: Click here to enter text. |
| 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: Click here to enter text. | | | |
| Institutional affiliation: Choose an item. explain other: Click here to enter text. | | | |
| Department / school: Click here to enter text. | | | |
| Employee / Student ID #: Click here to enter text. | | Current EST on file  Yes  No Unsure | |
| Phone number: Click here to enter text. | Email address: Click here to enter text. | | |
| Address (If other than Yukon University): Click here to enter text. | | | |
| City: Click here to enter text. | Province: Click here to enter text. | | Postal code: Click here to enter text. |

## 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:**

Registered Veterinary Technologist / Technician Click here to enter text.

Veterinary Medical Association – General Practice License

Veterinary Medical Association – Restricted Membership

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: Click here to enter text.

**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 Yukon University or Institutional 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 Yukon University 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 Yukon University 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 University 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 Instructor:**

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