**PERSONNEL AMENDMENT FORM**

*Send completed forms to* [*iacuc@liberty.edu*](mailto:iacuc@liberty.edu)

**Additional rows/boxes can be added to this form by clicking the “+”**

|  |  |
| --- | --- |
| **PROTOCOL INFORMATION** | |
| Principal Investigator: | Department: |
| Phone: | Email: |
| Project Title: | |
| IACUC Protocol #: | Funding Agency: |
| **PERSONNEL REMOVAL** | |
| Please list any personnel to be removed from the protocol below: | |
| Name: | |

|  |  |
| --- | --- |
| **PERSONNEL ADDITION** | |
| Name: | Department: |
| Work Address: | |
| Work Email: | Work Phone: |
| Role in Protocol: | |
| Experience and Qualifications: | |
| **Has or will the new personnel:** | |
| Received training on the protocol, facility, and environmental risks? | |
| Received species and procedure specific training? | |
| **OFFICE USE** | |
| CITI Training (required) | |
| Occupational Health Training (required) | |
| LU-Specific Training (required) | |