**PERSONNEL AMENDMENT FORM**

*Send completed forms to* *iacuc@liberty.edu*

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

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| **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:       |

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| **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) |