## Animal Care Committee

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

|  |  |  |  |
| --- | --- | --- | --- |
| **For Office Use Only** | | | |
| **Date Received: Click here to enter a date.** | **Review Date:  Click here to enter a date.** | **Protocol #   Click or tap here to enter text.** | **Date Approved:  Click here to enter a date.** |

***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) requires all personnel involved in animal-based research or teaching must be knowledgeable and appropriately trained for ethical animal care and use, including the Three Rs tenet (replacement, reduction and refinement). All faculty, staff and students who have no previous experience in animal care are required to take mandatory training prior to any research or teaching activity. The mandatory training is currently provided to Yukon University (YukonU) by the* [*University of Saskatchewan Animal Care and Research Support Education & Training section*](https://vpresearch.usask.ca/ethics/animal-care-and-research-support-education-and-training.php)*. It is the principal investigators responsibility to ensure only trained personnel work with animals. It is the institutions responsibility to document that training. The skills and training form provides that documentation. The YukonU ACC requires that a skills and training form (EST) 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 EST form 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).

**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 / STUDENT**

|  |  |  |  |
| --- | --- | --- | --- |
| 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: Click or tap here to enter text. | Date Earned: Click or tap here to enter text. | Institution: Click or tap here to enter text. |
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**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:**

Modules:

Guidelines, Legislation, and Regulations

Ethics in Animal Research and Teaching

Three Rs of Humane Animal Experimentation

Occupational Health and Safety

Category of Invasiveness

Pain, Distress and Endpoints

Euthanasia of Animals in Science

Analgesia and Anesthesia

Wildlife in the Field

Care and Use of Birds in Science

Care and Use of Fish in Science

Other training please describe: Click or tap here to enter text.

**Have you completed the University of Saskatchewan online Animal Care training for Fish or Wildlife?  
  Yes  No**

**Other Yukon University or Institutional training – Please provide details and dates completed (click + to add more items)**

|  |  |
| --- | --- |
| Course: Click or tap here to enter text. | Date Completed: Click here to enter a date. |
| Course: Click or tap here to enter text. | Date Completed: Click here to enter a date. |

**Other Animal Care Training – Please provide details and dates completed (click + to add more items)**

|  |  |  |
| --- | --- | --- |
| Course: Click or tap here to enter text. | Date Completed: Click here to enter a date. | Institution: Click or tap here to enter text. |
| Course: Click or tap here to enter text. | Date Completed: Click here to enter a date. | Institution: Click or tap here to enter text. |

**Provide details of any other relevant animal care and use experience:** Click or tap here to enter text.

**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 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Administering Injections | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Blood Collections | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Anesthesia | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Euthanasia | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Special Procedures** | **Species (List All)** | **Procedure 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 with supporting documentation indicates compliance with the foregoing statement.

**Principal Investigator / Instructor / Student Signature:**

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