**Animal Care Committee**

500 University Dr.

Whitehorse, YT Y1A 5K4

867-668-8857

**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) 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 skills and training form provides that documentation. The Yukon University 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 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.

**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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| 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. |

**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 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. |

**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 together 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 |