**Safety Training Registration Form**

|  |  |
| --- | --- |
| Name: |  |
| e-Mail: |  |
| Phone: |  |
| Department: |  |
| Principal Investigator/Supervisor |  |

**Your status (check one):**

[ ] Faculty

[ ] Instructor

[ ] Teaching Assistant

[ ] Student Researcher

[ ] Other: (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_

**Your role/reason for training (check all that apply):**

[ ] Teaching

[ ] Working/volunteering in research lab

[ ] Taking a course that requires training

[ ] Other: (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_

**Which course(s) do you need to take (check all that apply):**

[ ] Animal Biosafety Level 1

[ ] Animal Biosafety Level 2

[ ] Basic Biosafety

[ ] Blood Borne Pathogen Training – general

[ ] Blood Borne and Hazard Communication Training for Health Sciences Students

[ ] Biosafety Cabinets

[ ] rDNA

[ ] Shipping Biological Materials

[ ] Lab Safety Training – Initial

[ ] Lab Safety Training for Anatomy & Physiology

[ ] Lab Safety Training – Refresher for PIs & Researchers

[ ] Lab Safety Training – Refresher for Tas

[ ] Laser Safety

[ ] Pool Chemical Safety

[ ] Photo Safety

[ ] Fine Arts Safety

[ ] Job Hazard Analysis

Email completed form to cnorton@uccs.edu

You will receive notice of access to your training class(es) within 2 business days