UNIVERSITY OF NEW MEXICO
HEALTH SCIENCES CENTER

To: Date:

PI's Name:

Subject: Human Subject Research Certification for Grant No.

The key personnel on the above referenced grant have completed the required education in protection of human research participants. The names of each key person and the type of training they have completed is listed below:

| ***Name of Key Person*** | ***Type of Training Completed*** | ***Date Training Completed*** |
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