



TRAINING RECORD OF DLSMHSI-IEC MEMBER/STAFF

To the IEC Member:

Please obtain an electronic copy of this Form, fill-out the requested information, and make your submission both in electronic version and hard copy. Print in letter-sized paper with printer default set at A4.

Last Name	First Name	Middle Name	TITLE: Ms/ Mr/ MD/ PhD
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BASIC COURSES	ORGANIZER	VENUE	DATE	FUNDING SOURCE
1. GCP Training				
2. Research Ethics				
3. IEC Standard Operating Procedures				

CONTINUING ETHICS EDUCATION: Research Ethics Workshops, Conferences, Meetings, Lectures	ORGANIZER	VENUE	DATE	FUNDING SOURCE
1.				
2.				
3.				
4.				
5.				

****ATTACH PHOTOCOPY OF CERTIFICATES**