**Safety Training Registration Form**

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| --- | --- |
| 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](mailto:cnorton@uccs.edu)

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