**Training Request Form**

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| Name of Member | <Title, Name, Surname> |
| Date of First Appointment | <mm/dd/yyyy> |
| College/Institute (and department), as applicable |  |
| Type of training requested | * Good Clinical Practice
* Research Ethics
* Standard Operating Procedures
* Continuing Ethics Education
* Other Educational Activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| Details of participation | * Participant only
* Resource person
* Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| Amount Requested |  |
| Other sources of funding, if any | Amount: Source:  |
| Signature |  |
| Date | <mm/dd/yyyy> |

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| FIRST ENDORSEMENT | I endorse the application of <Member> for the <training requested>. I certify that the supporting documents pertaining to the application are authentic and that <Member> has been an active member of the FEU-NRMF IERC since <date of appointment>.

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| <Title, Name, Surname> and Signature |
| Chair, Far Eastern University – Dr. Nicanor Reyes Medical Foundation Institutional Ethics Review CommitteeDate: <mm/dd/yyyy> |

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| SECOND ENDORSEMENT |

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| <Title, First Name, Last Name> and Signature |
| Chair, Research Center for Development, Far Eastern University - Nicanor Reyes Medical FoundationDate: <mm/dd/yyyy> |

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| THIRD ENDORSEMENT |

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| <Title, First Name, Last Name> and Signature |
| Vice President for Academic Affairs, Far Eastern University - Nicanor Reyes Medical Foundation – Institute of MedicineDate: <mm/dd/yyyy> |

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| <Title, First Name, Last Name> and Signature |
| Chief Medical Officer, Far Eastern University - Nicanor Reyes Medical – Medical CenterDate: <mm/dd/yyyy> |

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| FOURTH ENDORSEMENT |

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| <Title, First Name, Last Name> and Signature |
| President, Far Eastern University - Nicanor Reyes Medical FoundationDate: <mm/dd/yyyy> |

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