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

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| SECOND ENDORSEMENT | |  | | --- | | <Title, First Name, Last Name> and Signature | | Chair, Research Center for Development, Far Eastern University - Nicanor Reyes Medical Foundation  Date: <mm/dd/yyyy> |   >> |
| THIRD ENDORSEMENT | |  | | --- | | <Title, First Name, Last Name> and Signature | | Vice President for Academic Affairs, Far Eastern University - Nicanor Reyes Medical Foundation – Institute of Medicine  Date: <mm/dd/yyyy> |   >>   |  | | --- | | <Title, First Name, Last Name> and Signature | | Chief Medical Officer, Far Eastern University - Nicanor Reyes Medical – Medical Center  Date: <mm/dd/yyyy> | |
| FOURTH ENDORSEMENT | |  | | --- | | <Title, First Name, Last Name> and Signature | | President, Far Eastern University - Nicanor Reyes Medical Foundation  Date: <mm/dd/yyyy> | |