



PCIS Training Registration Form for Research Personnel

* This form will be returned if not filled out completely *

Name:	Contact Phone #:	Employee ID #	
	1. 2.		
Job Title:	Dept./Unit:	Site:	Email Address:

Start Date:	End Date:

Preference for Course Date:	Course Title:	Course Time:
1 st		
2 nd		

<u>PRINCIPAL INVESTIGATOR</u> TO COMPLETE THIS SECTION:	
Name:	Title and Dept.:
Phone #:	Email:
Signature: X	

FAX Completed Form to 604-875-4064

- **Research personnel must submit a copy of their Final Certificate of Approval and UBC Ethics Certificate with this registration request.**
- **Please bring hospital ID with you to class and arrive at least 10 minutes before the class start time.**
- **For inquiries and/or cancellations, call 604.875.4111 ext 61556.**
- **For access to our intranet site, please follow this link:**
http://www.vcha.ca/programs_services/pcis_corp/training/page_14207.htm