|  |  |
| --- | --- |
| **Name of Institution:** | Click here to enter text. |
|  |  |
| **Institution Address:** | Click here to enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Training Program (please check one):** | | **Number of Training Participants** | | Click here to enter text. |
|  | Basic Ethics Training | |  | |
|  | Good Research Practice Training | |  | |
|  | Others (Please specify) Click here to enter text. | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **General Profile of Participants** | | |  |
|  | Ethics Review Committee Members |  | Consultants / Fellows |
|  | Researchers |  | Residents / Students |
|  | Faculty |  | Others (Please specify)  Click here to enter text. |

|  |  |
| --- | --- |
| **Date of Training**: | Click here to enter text. |

|  |  |
| --- | --- |
| **Training Venue:** | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Person:** | Click here to enter text. | **Contact Number:** | Click here to enter text. |

**Requirements for Training Recognition:**

* + - 1. *Accomplished Form 2015-02 or Training Recognition Request Form*
      2. *Description of the training program containing the following*

1. *Objective: clearly stated and related to ethics in research*
2. *Training Method: use of varied teaching-learning strategies that include didactics, workshops, small group discussions, etc.*
3. *Policy statement on participant certification (attendance, performance, participation, pre and post-test test)*
4. *Content*
5. *Post-training Evaluation Plan*
   * + 1. *CV of facilitators evidencing credibility to run the training program*

***Please note that******recognition of the training program will depend on an evaluation of the submitted requirements and actual conduct of the training by a representative from PHREB Subcommittee on Information Dissemination, Training, and Advocacy***