

Regenstrief Institute Mandatory Training Attestation

Faculty/Investigator/Affiliate

The undersigned Person certifies and attests that as a faculty member/investigator/affiliate of Regenstrief Institute, they have completed all necessary training as required by the Regenstrief Institute.

Please mark the appropriate box below denoting how the mandatory training requirement was met, as well as the date this training was completed. Note: If using a comparable training prepared by an approved entity (IU, Purdue, the VA, etc.) it must have been completed in the applicable calendar year.

Training Name	Completed Regenstrief Institute Training	Completed comparable training from approved entity	Date Completed
Preventing Sexual Harassment			
Preventing Other Types of Harassment			
Information Security and Privacy			
Drug Free Workplace			
RI Finance Training		Not Applicable	

Upon request by Regenstrief Institute, the undersigned person will furnish training records validating that required training was completed in the applicable calendar year.

Printed Name of Individual	
Signature of Individual	
Organization Affiliation	
Date of Signature	