

**Western Kentucky University  
College of Education & Behavioral Sciences**

**COVID-19 Procedures Training Acknowledgement**

\_\_\_\_\_ **Semester, Year**

By signing below, I acknowledge that I have participated in training on lab COVID-19 procedures provided by the lab director, \_\_\_\_\_.

(insert lab director name here)

I have been provided with the training materials as well as additional information for future reference.

I have familiarized myself with the lab procedures as well as additional information provided by the WHO, CDC, Kentucky Healthy at Work guidelines, and WKU Big Red Restart Resumption of Research guidelines.

I will follow the guidelines provided to maintain the safety of myself, other lab personnel, and study participants.

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_