STEM CELL LABORATORY (STCL)

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Individual Training Plan FRM1

DOCUMENT NOTES:

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STCL-TRN-001 FRM1
INDIVIDUAL TRAINING PLAN (ITP) for the Stem Cell Laboratory (STCL)
Procedures

Employee/Trainee Name: _____ Hire Date: _____

Job Title: _____ Department, Location: _____

Procedure (Procedure Number and/or Brief Description)	**Released to Task** (Supervisor's Signature/Date*)	**Training/Re-training Frequency**	**Removed from Task** (Supervisor Signature/Date**)
		☐ Initial ☐ Annual ☐ Remedial (as required)	
		☐ Initial ☐ Annual ☐ Remedial (as required)	
		☐ Initial ☐ Annual ☐ Remedial (as required)	
		☐ Initial ☐ Annual ☐ Remedial (as required)	
		☐ Initial ☐ Annual ☐ Remedial (as required)	
		☐ Initial ☐ Annual ☐ Remedial (as required)	
		☐ Initial ☐ Annual ☐ Remedial (as required)	

*The signature of the supervisor in the task boxes above indicates acknowledgment that the trainee:

1) Has read the procedures associated with the designated task/procedure
2) Has received training per procedure.
3) Understands each task/procedure and how it relates to his/her job function
4) Is competent and skilled to perform each procedure independently

**The signature of the supervisor indicates the employee is no longer released to the task; employee no longer authorized to perform task independently.

Instructions for Completing the Individual Training Plan (ITP) for the Stem Cell Laboratory (STCL)

General Notes:

1. All portions of this form may be completed electronically except for spaces that require signatures.
2. This form may be extended as necessary to allow room for additional foundation courses and/or to allow room for all critical tasks.

In the field...	Record...
Name	*Name of the employee/trainee*
Hire Date	*Date Employee was hired into the department*
Job Title	*Job title of employee/trainee*
Dept/Location	*Department and/or location of the employee/trainee*
Procedure	*This can be either a specific procedure or a task. If a procedure is listed, this field should include the number and name of the procedure. The term task can refer to a duty associated with the job title.*
Released to Task (Supervisor Signature/Date)	*The supervisor's signature and date signifies that the trainee has read the procedures associated with the designated task/procedure, has received training per procedure (if applicable), understands each task/procedure and how it relates to the job function, and is competent and skilled to perform each procedure independently.*
Training/Re-training Frequency	*Frequency of training will be specified in each procedure (ie. initial training, annual training, and remedial training (as deemed appropriate).*
Removed from Task (Supervisor Signature/Date)	*The supervisor's signature and date signifies that the employee has been removed from this task and is no longer authorized to perform it independently. Removal from task may also apply in cases when procedures have been discontinued due to instrument changes, changes in the test menu, changes is test methods, etc.*

Example

INDIVIDUAL TRAINING PLAN (ITP) for the Stem Cell Laboratory (STCL)

Procedures

Employee/Trainee Name Sarah Fuge Hire Date: January 3, 2002

Job Title Laboratory Tech II Department/Location Stem Cell Lab, 2400 Pratt Street, Suite 1300

Procedure (Procedure Number and/or Brief Description)	**Released to Task** (Supervisor Signature/Date*)	**Training/Re-training Frequency**	**Removed from Task** (Supervisor Signature/Date**)
2D.200.02 Receipt of cord blood units	*Sue Brown 1/21/06*	• Initial • Annual • Remedial (as required)	
Prepare slide for CBC	*Sue Brown 1/21/06*	• Initial • Annual • Remedial (as required)	

*The signature of the supervisor in the task boxes above indicates acknowledgment that the trainee:

1. Has read the procedures associated with the designated task/procedure
2. Has received training per procedure (if applicable)
3. Understands each task/procedure and how it relates to his/her job function
4. Is competent and skilled to perform each procedure independently

**The signature of the supervisor here indicates the employee is no longer released to the task; employee no longer authorized to perform task independently

Signature Manifest

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Title: Individual Training Plan FRM1

STCL-TRN-001 ITP FRM1

Author Approval

Name/Signature	Title	Date	Meaning/Reason
Sandy Mulligan (MULLI026)		18 Feb 2012, 09:40:37 AM	Approved

Manager Approval

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		18 Feb 2012, 11:46:59 AM	Approved

Medical Director Approval

Name/Signature	Title	Date	Meaning/Reason
Joanne Kurtzberg (KURTZ001)		18 Feb 2012, 05:59:19 PM	Approved

QA Approval

Name/Signature	Title	Date	Meaning/Reason
Linda Sledge (SLEDG006)		19 Feb 2012, 09:37:37 PM	Approved

Notification

Name/Signature	Title	Date	Meaning/Reason
Sandy Mulligan (MULLI026)		19 Feb 2012, 09:37:37 PM	Email Sent
Barbara Waters-Pick (WATE02)		19 Feb 2012, 09:37:37 PM	Email Sent
System Administrator (SYSADMIN)		19 Feb 2012, 09:37:37 PM	Email Sent
Sharon Hartis (SH259)		19 Feb 2012, 09:37:37 PM	Email Sent
Linda Sledge (SLEDG006)		19 Feb 2012, 09:37:37 PM	Email Sent