



HORIZONS: Training Log

SITE NAME	SITE NUMBER	NAME OF PRINCIPAL INVESTIGATOR	<u>TRAINING</u>	DATE	SIGNATURE OF PRINCIPAL
					INVESTIGATOR CONFIRMING
					TRAINING IS COMPLETE
			1. To read "HORIZONS: A		
			guide for approaching		
			potential participants"		
			2. To implement the above		
			document, including		
			training staff members		
			involved in consenting		
			patients to the HORIZONS		
			study		