



LUNG CENTER OF THE PHILIPPINES

INSTITUTIONAL ETHICS REVIEW BOARD

Quezon Avenue Extension, Quezon City, Philippines 1100

4th Flr. Room 4013 Tel Nos. 9246101 local 568

E-mail: lcpierb@gmail.com or Website : erc@lcp.gov.ph

Training Request Form

Type of request	1. Member requesting to participate in training activity 2. LCPIERB Chair recommending training for member
Reason for request	<input type="checkbox"/> Initial training <input type="checkbox"/> Update training
Name of Member	<Title, Name, Surname>
Date of First Appointment	<dd/mm/yyyy>
Type of training requested	<input type="checkbox"/> Good Clinical Practice <input type="checkbox"/> Research Ethics <input type="checkbox"/> Standard Operating Procedures <input type="checkbox"/> Continuing Ethics Education <input type="checkbox"/> Other Educational Activities <specify>
Training details	Date: <dd/mm/yyyy> Title: Provider:
Details of participation	A. Participant only B. Resource person C. Others: <Specify>
Training Cost	
Other sources of funding, if any	Amount: Source:
RECOMMENDED BY	<Title, Name, Surname> and Signature _____ LCPIERB Chair Date: <dd/mm/yyyy>
COMMITMENT TO ATTEND	I commit to attend the < Title of Training> on <dd/mm/yyyy>, for which attendance I will provide a certificate of completion with the training program or agenda attached. <Title, Name, Surname> and Signature _____ Member, LCPIERB Date: <dd/mm/yyyy>
ENDORSED BY	I endorse the application of <Member> for the <training requested>. I certify that the supporting documents pertaining to the application are authentic and that <Member> has been an active member of the LCPIERB since <date of appointment>. <Title, Name, Surname> and Signature _____ Executive Director Lung Center of the Philippines Date: <dd/mm/yyyy>