



ARCADIA

Study Coordinator Training Attestation

By my dated signature below, I verify that I have completed the ARCADIA Study Coordinator Training via one of the following mechanisms (select one):

- I received training at the ARCADIA Investigators Meeting
- I have reviewed the ARCADIA Study Coordinator Training Module

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

After completion, upload this form to WebDCU