



HELEN WILLS NEUROSCIENCE INSTITUTE  
UNIVERSITY OF CALIFORNIA  
BERKELEY, CALIFORNIA 94720-3190

## Request for Scanner Training: 3 T MRI, Brain Imaging Center

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Position: (e.g. RA, postdoc, grad student) \_\_\_\_\_

Lab Head or Principal Investigator Name: \_\_\_\_\_

Your Department or Institution: \_\_\_\_\_

Intended Grant / Funding Source: \_\_\_\_\_  
(Training time is not charged for. Indicate here the grant/funds you will use once qualified.)

CPHS Protocol Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

CPHS Protocol Title: \_\_\_\_\_

Name of person granted CPHS approval: \_\_\_\_\_

**Authorized by Lab Head or Principal Investigator :** \_\_\_\_\_

Successful completion of Safety Training:       YES       NO

Grad students only - completed PSY214:       YES       NO

**Authorized by BIC Manager (Ben Inglis):** \_\_\_\_\_

**Authorized by BIC Director (Mark D'Esposito):** \_\_\_\_\_

*You MUST submit a current, date-stamped copy of the **first page of the APPROVED CPHS protocol** with this form. Please keep a copy of this form for your records.*