

Trainee Name: _____

Training Coordinator: _____

KINSHIP STATISTICAL ANALYSIS TRAINING DOCUMENTATION FORM

Each section in the chart below must be initialed and dated by the trainer/training coordinator. If any task is not completed, this must be explained in the training file and approved by the Program Manager.

MODULE	BEGIN DATE	PRACTICAL EXERCISES	COMPLETE DATE	COMMENTS
General DNA Analysis Knowledge			N/A	
Attended internal/external training		N/A		
Required Readings/SOPs		N/A		
Casework Review		≥ 5		
Hand derivations/calculations		≥ 10		
Performance of appropriate statistical analysis on previously analyzed cases		≥ 10		
Report Writing		≥ 10		
Technical Review		≥ 3		
Practical Exam				
Oral Competency				