**Department of Psychology**

**EEG Standard Operating Procedures**

**SOP Sign-Off Form**

Name of trainee ………………………………………………………………………………………………………………………

Name of trainer ……………………………………………………………………………………………………………………….

Date training completed SOP 1 ……………………………………………………………………………………………………

Date training completed SOP 2 ……………………………………………………………………………………………………

Date training completed SOP 3 ……………………………………………………………………………………………………

Signed (trainer) …………………………………………………………………………………………………………………

Date …………………………………………………….

Signed (trainee) …………………………………………………………………………………………………………………

Date …………………………………………………………