

EXPERT USER FORM

Date:

User Name:	Email:
User Status :	Phone:
Research Group \ Supervisor \ Reference:	Office Address:
University \ Department \ Industry:	

This form certifies that the user _____ has followed and completed the _ hours training held by Dr. _____ in date DD/MM/YYYY for the use of the following CNS instruments:

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The user _____ obtains the access to the privileges of an expert user as described in the CNIS rules.

Trainer Sign:

Supervisor Sign:

User Sign: