

**Appendix A-3**

Documentation of Operator Training for the Siemens Magnetom TIM Trio  
Maryland Neuroimaging Center, University of Maryland, College Park

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

Home Address: \_\_\_\_\_

Office Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

MNC Operator (supervisor) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Safety committee designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I agree to comply with the MNC SOPs during the course of my work at the Maryland Neuroimaging Center.

Trainee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby confirm that this individual has completed the requirements to operate the Siemens Magnetom TIM Trio at the Maryland Neuroimaging Center. I will provide adequate supervision and any additional training necessary to ensure that this individual's operator skills are up to date with any changes in hardware or software in the imaging system.

MNC Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Maintain this form on file at the University of Maryland, Neuroimaging Center