

**Appendix A-3**

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

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

UID: \_\_\_\_\_

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

PI / Lab Affiliation: \_\_\_\_\_

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

MNC Technologist / Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I agree to comply with the MNC SOPs. I agree to report any safety-related adverse events to a staff-member at the MNC during the course of my work at the MNC.

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

I hereby confirm that this individual has successfully 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.

MR Physicist Signature: \_\_\_\_\_ Date: \_\_\_\_\_