



THIS IS TO CERTIFY THAT

/Name/

has participated and completed a training organized by
MTZ Clinical Research Sp. z o.o.

**ICH E6 Good Clinical Practice
for Investigators and Site Personnel**

Version: 01 December 2014

Training Date: ____ ____ 20__

Name

Trainer

Signature of Trainer

CERTIFICATE OF COMPLETION

This ICH E6 GCP Investigator Site Training meets the Minimum Criteria for ICH GCP Investigator Site Personnel Training identified by TransCelerate BioPharma as necessary to enable mutual recognition of GCP training among trial sponsors