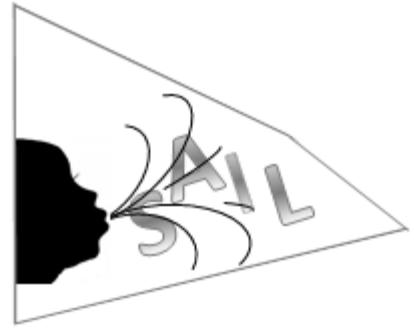


## SAIL TRIAL TRAINING

### Attestation - Sustained Inflation Maneuver



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

Initials: \_\_\_\_\_

Clinical Site: \_\_\_\_\_

I attest that I have completed the following training activities required of all clinicians who perform the Sustained Inflation (SI) maneuver during resuscitation in the SAIL Trial

TRAINING ACTIVITIES CHECKLIST		Date completed
1	Read SAIL Trial protocol or viewed the protocol slides.	
2	Watched the SAIL training Video.	
3	Practiced the SI method with the resuscitation team.	
4	Read SAIL Trial MOP.	
5	Attended local in-service on infant resuscitation.	

Attester's Signature \_\_\_\_\_

Date Signed: \_\_\_\_\_

#### Instructions:

- 1. This form should be completed by each clinician member of the resuscitation team who will perform the Sustained Inflation maneuver.**
2. Send this completed form to the DCC project managers at: [sail-pjm@lists.upenn.edu](mailto:sail-pjm@lists.upenn.edu)
3. Keep a copy of this form on file in your study training records.