

GLIC: Implementing Great Lakes Coastal Wetland Monitoring

GPS and Site Selection Training and Certification Record

Trainee Name: _____

Trainee Institution: _____

Training location: _____ Date: _____ Recertification? yes no

Examiner: _____ Date/location examiner certified: _____

	Number tested	Number correct	Percent correct
Identification of vegetation zones (require 90% accuracy)			

Proficient in determining when a site cannot be sampled Yes No

Proficient in using GPS to navigate to a waypoint? Yes No

Proficient in determining GPS accuracy? Yes No

Explain any non-proficiencies or recommended actions: _____

Certification:

Has trainee demonstrated proficiency in all required aspects of GPS use? Yes No

If no, please explain below and describe necessary remedial actions:

Examiner Signature: _____ Date: _____

Trainee Signature: _____ Date: _____

Distribution of records:

-Regional laboratory should archive an original copy of this form

-Please scan and send pdf copies to:

Don Uzarski (uzars1dg@cmich.edu)

Valerie Brady (vbrady@umn.edu)

Matt Cooper (mcooper3@nd.edu)

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Fish Training and Certification Record

Trainee Name: _____

Trainee Institution: _____

Training location: _____ Date: _____ Recertification? yes no

Examiner: _____ Date/location examiner certified: _____

	Number tested	Number correct	Percent correct
Selecting fyke net locations (require 90% accuracy)			
Identification of fish species (require 90% of 20 species)			
Determining if fish should be preserved (require 95% accuracy)			

Proficient in setting fyke nets? Yes No

Proficient in completing field data sheet? Yes No

Proficient in fish handling? Yes No

Proficient in fish preservation methodology? Yes No

Explain any non-proficiencies or recommended actions: _____

Certification:

Has trainee demonstrated proficiency in all required aspects of fish data collection? Yes No

If no, please explain below and describe necessary remedial actions:

Examiner Signature: _____ Date: _____

Trainee Signature: _____ Date: _____

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Macroinvertebrate Training and Certification Record

Trainee Name: _____

Trainee Institution: _____

Training location: _____ Date: _____ Recertification? yes no

Examiner: _____ Date/location examiner certified: _____

Field:

	Number picked in tray or section	Number missed in tray or section	Percent picked by trainee
Invertebrate picking (require 80% relative to experienced picker)			

Proficient in using D net? Yes No
Proficient in preserving, labeling, and storing specimens? Yes No
Proficient in completing data sheet? Yes No

Lab:

	Number tested	Number correct	Percent correct
Taxonomic Identification (require 90% of 30 taxa)			

Proficient in handling/archiving? Yes No
Proficient in record keeping? Yes No
Proficient in data entry/data backup? Yes No
Proficient in QA/QC procedures? Yes No

Explain any non-proficiencies or recommended actions: _____

Certification:

Has trainee demonstrated proficiency in all required aspects of invertebrate sampling? Yes No

If no, please explain below and describe necessary remedial actions: _____

Examiner Signature: _____ Date: _____

Trainee Signature: _____ Date: _____

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Water Quality Training and Certification Record

Trainee Name: _____

Trainee Institution: _____

Training location: _____ Date: _____ Recertification? yes no

Examiner: _____ Date/location examiner certified: _____

Proficient in calibrating water meters?	Yes	No
Proficient in using meters?	Yes	No
Proficient in troubleshooting of meters?	Yes	No
Proficient in data sheet completion?	Yes	No
Proficient in collection and storage of samples?	Yes	No

Explain any non-proficiencies or recommended actions: _____

Certification:

Has trainee demonstrated proficiency in all required aspects of water quality sampling? Yes No

If no, please explain below and describe necessary remedial actions:

Examiner Signature: _____ Date: _____

Trainee Signature: _____ Date: _____

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