

## User Certification Form — Electron Microscopy Facilities

Name (Last, First):	Position:
Department and Address:	Phone/E-mail:
Supervisor (for Post Doc and Students):	
Account and Expiration Date:	Research Period (start/end dates):
<b>TEM Experience</b> (Indicate facilities and extent of use/skill): Conventional TEM HRTEM EELS Z-contrast EDS Other	<b>SEM/FIB Experience</b> (Indicate facilities and extent of use/skill): SEM imaging Ion imaging Tomography TEM lift-out
Passed JIAM TEM Laboratory Test? (Date, No, or N/A)	Passed JIAM SEM/FIB Laboratory Test (Date, No, or N/A)
EM facilities to be used:	Have you read and understood the Facility Rules and Regulations?
Project goal and samples to be examined:	
Do you need training or advice in using the EM facilities? Explain if “Yes.”	
<u>Instrument</u> TEM Zeiss Libra 200 MC SEM/FIB Zeiss Auriga	<u>Level Assigned</u> TEM: SEM/FIB:
User Signature:	Date:
<i>I give permission to this person to use the TEM facilities, and I approve using the above-cited account for payment of any fees incurred by this user during the above research period.</i>	
Supervisor Approval:	Date: