



CHES

**Chronic Subdural Hematoma Treatment
with Embolization Versus Surgery Study**

Protocol Training Attestation

By my dated signature below, I verify that I have completed the CHES Protocol Training via one of the following mechanisms **(select one)**:

I attended the CHES Investigator Meeting (7/21/2024)

I have reviewed the CHES Protocol Training Slides

Print Name:

Signature:

Date:

*****After completed, upload this form to WebDCU***