Complete Registration Steps 1-7 now.

Choose your institution from the appropriate dropdown menu. **Choose only one institution.** If you are affiliated with more than one institution, you will be able to select additional institutions after providing the information required.

Participating Institutions:

University of Pennsylvania

Veterans Affairs:

Department of Energy:

HIV/AIDS Network Coordination (HANC):

Canadian Institutions:

Korea Participating Institutions:

Your username should consist of 4 to 50 characters. Acceptable characters include letters, numbers, and the symbols "@", ".", and "_". No spaces or other characters are allowed. Your username is **not case sensitive**; "A12B34CD" is the same as "a12b34cd". Once created, your username will be part of the completion report.

Username: jane.smith

Your password should consist of 8 to 12 characters. Letters and numbers are the only acceptable characters. No spaces or other characters are allowed. Your password is **not case sensitive**; "A12B34CD" is the same as "a12b34cd".

Password:

Verify Password:

If you forget your login information, we'll verify your identity with your security question and answer. Choose a question only you know the answer to and that is not associated with your password. Choose an answer that is memorable, but not easy to guess.

Security Question: What is the title of your favorite childhood book?

Security Answer: Green Eggs and Ham

First Name: Jane

(100 characters maximum)

Last Name: Smith

(100 characters maximum)

Enter your preferred email address.

Preferred Email: skeddem@gmail.com

(100 characters maximum)

Verify Preferred Email: skeddem@gmail.com

(100 characters maximum)

If you have a second email address that can be used in case your preferred email address changes, enter it below. If you forget your username or password, it will be mailed both to your preferred email address and your secondary email address.

Secondary Email:

(100 characters maximum)

Verify Secondary Email:

(100 characters maximum)

Will you be requesting CME / CEU credits for the course(s) you are about to complete if the cost per course (4-6 credits) is only $10.00/course?

○ **Yes** ○ **No**

What is your professional affiliation for the credits?

Professional affiliation: [　　　　　　▼]

_____

May we contact you to complete a course survey?

○ **Yes** ○ **No**

[Submit] [Cancel]

_____

Please provide the following information requested by University of Pennsylvania. Required fields are marked with an asterisk (*).

Member Information	Jane Smith
Language Preference:	English ▼
* Institutional email address:	[　　　　　　]
* Gender:	Female ▼
* Highest degree:	[　　　　　▼]
Employee Number:	[　　　　　]
Department:	Family Medicine and Community Health
* Role in human subjects research:	Student Researcher - Undergraduate ▼
Address Field 1:	[　　　　　]
Address Field 2:	[　　　　　]
Address Field 3:	[　　　　　]
City:	[　　　　　]
State:	[　　　　　]

Zip/Postal Code:	
Country:	
* Office Phone:	215-615-4780
* Which course do you plan to take?:	Basic Human Subjects - Social & Behavioral Focus ▼
Home Phone:	
* PennID:	

[Submit] [Cancel]

Select Curriculum - University of Pennsylvania

The following CITI courses are available through the University of Pennsylvania. Which of the following do you want to complete at this time?

Choose all that apply

☑ **Protection of Human Subjects**
(REQUIRED for anyone involved in the conduct of research with human subjects)

☐ **Responsible Conduct of Research (RCR)**
For 2nd, 3rd, or 4th year students in the Biomedical Graduate Studies (BGS) Program ONLY

☑ **Responsible Conduct of Research (RCR)**
For all other individuals, including NSF and NIH funded students and trainees

[Next Question] [Cancel]

You have indicated that you are interested in taking a course in the protection of human subjects. You will now be asked to complete additional questions to determine which human subjects protections course is right for you.

Choose one answer

● Yes. I am a Penn based researcher that conducts research at CHOP or am a CHOP-based Penn faculty member.

● No. I do not conduct research at CHOP, nor am I a CHOP-based Penn faculty member.

[Start Over] [Next Question] [Cancel]

Select the Group that is most appropriate for your research focus or activities.

Choose one answer
- **Group 1:** Biomedical Research
- **Group 2:** Social/Behavioral Research Course
- **Group 3:** Research with data or laboratory specimens- ONLY
- **Group 4:** IRB Member
- **Group 5:** Students - Class projects

[Start Over] [Next Question] [Cancel]

Have you previously completed the ORA Training for Social and Behavioral Research?

Choose one answer
- Yes
- No

[Start Over] [Next Question] [Cancel]

If you want to take Good Clinical Pratice (GCP) please make your selection below.

Choose one answer
- Yes, I would like to enroll in the Good Clinical Pratice (GCP)
- No, I do not want to take the GCP course.

[Start Over] [Next Question] [Cancel]

Which Responsible Conduct of Research (RCR) course do you want to complete? Choose one. If you have been assigned a specific course by your school, program, or professor, be sure to select that one.

Choose one answer
- RCR for Biomedical Research
- RCR for Engineering
- RCR for Social and Behavioral Research
- RCR for Arts and Humanities
- RCR for Physical Sciences

You have registered with the following institution(s):

University of Pennsylvania

At this point you can register with another institution. This could be very useful if:

You are required to complete the requirements for a **VA Medical Center**.
You are collaborating with an investigator at another institution or organization that uses the CITI Program.
You are planning to move to another institution that uses the CITI Program.
You want to review CITI courses (e.g., RCR or HIPS) that may not be offered by your institution.

If you want to add the training requirements for another institution, you may do it now.

Check **Yes** to affiliate with another institution.

Check **No** to continue with your current selection.

| Yes | No |