Responsible Conduct of Research (RCR) Training

Tracking Form for 2nd Calendar Year of Degree Program

Student, with review of/approval by their advisor, will complete this form as part of the CSUS requirement for graduate student RCR training. **Refresher Training** must be completed by December 31 of each calendar year after the first fall semester while student is working on a graduate program in CSUS (unless student has actively withdrawn temporarily). See specific requirements on the overall guidelines sheet and below for Year 2.

*Note: Student must provide advisor with **documented evidence of training** (e.g., certificate of CITI module completion, or RCR Workshop or CSUS/GSO-discussion session participation; evidence of other) before advisor will sign this form. We will use the forms during 2019 while everyone is learning the Ability system.*

Student Name: _____ Submitted for Calendar Year: _____

Advisor Name: _____

☐ **Year 2 RCR Refresher Training** *(year after first fall semester of CSUS Graduate Work)*

All CSUS graduate students must complete **both of the items below:** 3 hours of discussion-based RCR training PLUS three (3) additional CITI modules. *(See CSUS RCR Implementation Plan for information on options and web links. Submit form plus documentation.)*

1. **Three (3) hours of discussion-based training:** either via CSUS/GSO-offered RCR discussion sessions or via Graduate School-offered RCR workshops. For Graduate School sessions, register EARLY to assure you can take the courses (enrollment limited and they fill fast). See https://grad.msu.edu/rcr *(alternatively, 3 hours discussion-based training; see #4 and 5 in Year 3+ below)*

Training Type *(RCR Workshop or other discussion-based session)*	**Provide RCR Workshop Title** *or* **Describe/ Label Other Discussion-based Training**	**Date Completed** *(mm/dd/yyyy)*	**# hours**

2. **Three (3) additional CITI Modules** from the following (https://ora.msu.edu/train/programs/citi.html):
   - **CITI Collaborative Research**
   - **CITI Conflicts of Interest**
   - **CITI Data Management**
   - **CITI Financial Management**
   - **CITI Mentoring**
   - **CITI Peer Review**

Training Type	**Name of Selected CITI Module**	**Date Completed** *(mm/dd/yyyy)*
CITI module		
CITI module		
CITI module		

Student Signature: _____ Date Signed: _____

Advisor Signature: _____ Date Signed: _____

(new requirements approved for CSUS October 2016; revised annually for CSUS, most recently 9/30/2019)