

**CURRENT RESEARCH TERM (F, W/SP,SU, year):** \_\_\_\_\_

**List all students required to have RCR training.**

<u>Student Name:</u>	<u>ID<sup>1</sup> #:</u>	<u>Support*:</u>	<u>Training Complete</u> <input checked="" type="checkbox"/>
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

\*Support types: S = stipend; W = wages; V = volunteer; R = research credit

**RCR training components at The College of Idaho:**

(Use “comments” area to explain any special conditions or additional requirements (e.g., videos, online tutorials (list URL); mark any not applicable components as “NA”)

Modules at <a href="https://www.citiprogram.org/">https://www.citiprogram.org/</a>	<b>(Required)</b>
Human subjects training ( <a href="http://phrp.nihtraining.com/users/login.php">http://phrp.nihtraining.com/users/login.php</a> )	NA
Lab safety training (specify: _____)	NA
Animal welfare training (specify: _____)	NA
Other training (specify: _____)	NA

Comments:

PI Signature: \_\_\_\_\_ GrantNumber: \_\_\_\_\_

Grant Title: \_\_\_\_\_

**BY THE 3<sup>RD</sup> WEEK OF EACH TERM (F, W/Sp, Su), STUDENT LIST MUST BE FILED WITH THE:**

Grants Office, Sterry 203  
(document naming convention: RCR\_StudentList\_PIName\_Date)

<sup>1</sup> Student ID # is the 1<sup>st</sup> six of the last seven digits on the ID card: for example, 25556001234563 is ID# 123456.