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LOG IN LOG IN THROUGH MY ORGANIZATION



CITI - Learner Registration
Steps: 1 2 3 4 5 6 7
Select Your Organization Affiliation
This option is for persons affiliated with a CITI Program subscriber organization.
To find your organization, enter its name in the box below, then pick from the list of choices provided. $oldsymbol{\Theta}$
Lake Erie College of Osteopathic Medicine
Lake Erie College of Osteopathic Medicine only allows the use of a CITI Program username/password for access. You will create this username and password in step 2 of registration.
☑ I AGREE to the <u>Terms of Service</u> and <u>Privacy Policy</u> for accessing CITI Program materials.
☑ I affirm that I am an affiliate of Lake Erie College of Osteopathic Medicine.
Continue To Create Your CITI Program Username/Password

ersonal Information	
indicates a required field.	*Use Full Name (as it will appear on license)
First Name	* Last Name
[‡] Email Address	* Verify email address
	email address, if you have one, in case messages are blocked or you lose the ability to your username or password, you can recover that information using either email
ccess the first one. If you forget	

Continue To Step 3

Create your Username and Password
* indicates a required field.
Your username should consist of 4 to 50 characters. Your username is not case sensitive; "A12B34CD" is the same as "a12b34cd". Once created, your username will be part of the completion report.
* User Name
Your password should consist of 8 to 50 characters. Your password IS case sensitive; "A12B34CD" is not the same as "a12b34cd".
* Password * Verify Password
Please choose a security question and provide an answer that you will remember. NOTE: If you forget your login information, you will have to provide this answer to the security question in order to access your account. * Security Question * Security Answer
Continue To Step 4
* Country of Residence
Search for country: Enter full or partial name (e.g., "United States") OR your country's two or three character abbreviation (e.g., "US", "USA"), then pick from the list of choices provided. United States
* May we contact you to provide information about other courses and services after you complete your CITI Program coursework? Output Description:
○ Yes ○ No

* Are you interested in the option of receiving Continuing Education Unit (CEU) credit for completed CITI Program courses?
CITI is pleased to offer CE credits and units for purchase to learners qualifying for CE eligibility while concurrently meeting their institutions training requirements.
CE credits/units for physicians, psychologists, nurses, social workers and other professions allowed to use AMA PRA Category 1 credits for re-certification are available for many CITI courses – with that availability indicated on course and module listings. Please register your interest for CE credits below by checking the "YES" or "NO" dots, and, when applicable, types of credits you wish to earn at bottom of page. Please read texts entered for each option carefully. Yes
At the start of your course, you will be prompted to click on a "CE Information" page link located at the top of your grade book and to VIEW and ACKNOWLEDGE accreditation and credit designation statements, learning objectives, faculty disclosures, types, number and costs of credits available for your course. O Yes
O 165
No The CE functionality will not be activated for your course. Credits and units will therefore not be available to you for purchase after you start your course. You can change your preference to "YES" before such time however by clicking on the "CE Credit Status" tab located at the top of your grade book page.
○No
If you picked "YES", please check below the one type of credit you would like to earn
 MDs, DOs, PAs - AMA PRA Category 1 Credits™ Psychologists - APA Credits Nurses - ANCC CNE Other Participants - Certificates of Participation Social Workers - CE Credits
O Pharmacists - CPE Credits

Continue To Step 6

Please provide the following information requested by	y Lake Erie College of Osteopathic Medicine
* indicates a required field.	
Language Preference	
English ▼	
* Institutional Email Address We recommend providing an email address issued by Lake affiliate, rather than a personal one like @gmail, @hotmail, officials identify your learning records in reports.	
@westernreservehospital.org	
* Verify Institutional Email Address	*Use WRH Email Address
Re-enter Institutional Email Address.	
Highest Degree ▼	
Employee Number	
* Department	
GME	
* Role?	
Clinical Researcher •	
Address Field 1	
Address Field 1	
City	
State	
Zip/Postal Code	
Zipir Ostar code	
Country	
Phone	

Select Curriculum

* indicates a required field.

You will be provided a series of enrollment questions. Your responses will determine the curriculum for the courses you are going to take. Please read the questions carefully. Please read the responses carefully to make the best choice.

Question 1	
Human Subjects Research Please choose one learner group below based on your role ar You will be enrolled in the Basic Course for that group.	nd the type of human subjects activities you will conduct.
Choose one answer	
O Clinical Researcher	*This Course is REQUIRED
○ Co-Investigator	This course is religionally
O Compliance Officer	
○ Fellow	
O IACUC Administrator	
O IACUC Chair	
O Institutional Official	
○ Instructor	
OIntern	
O IRB Administration	
O IRB Chair	
O IRB Members	
O Pharmacist	
O Principal Investigator	
O Program Director	
O Research Administrator	
O Research Assistant	
O Research Fellow - Postgraduate	
Resident	
O Student Research - Dental	
O Student Researcher - Graduate	
O Student Researcher - Medical	
O Student Researcher - Pharmacy	
○ Veterinarian	
Question 2	
If you want to take Good Clinical Practice (GCP) please make y	our selection below.
Choose all that apply	
☐ CITI Good Clinical Practice for Fellow	*This Course is REQUIRED
☐ CITI Good Clinical Practice for Fellow	
CITI Good Clinical Practice for Clinician CITI Good Clinical Practice for Institutional Official	
CITI Good Clinical Practice for Institutional Official	
✓ CITI Good Clinical Practice for Intern	
☐ CITI Good Clinical Practice for Resident ☐ CITI Good Clinical Practice Course for Program Director	
☐ CITI Good Clinical Practice Course for Instructor	

Question 3	
If you want to take Health Information Privacy a	nd Security (HIPS) optionally, please make your selection below.
Choose all that apply	
☐ Clinical Investigators	
☐ Clinical Researcher	*This Course is OPTIONAL
☐ Clinicians	
☐ Co-investigator	
Fellow	
☐ Institutional Official	
☐ Instructor	
□ Intern	
☐ Principal Investigator	
☐ Program Director	
Resident	
Resident& Fellows	
Student Researcher - Medical	
☐ Students and Instructors	
Question 4	
question :	
Laboratory Animal Research	
Do you conduct studies that use Lab animals?	
1. If YES, then you must complete the Basic c	ourse and the appropriate species specific modules.
2. If you are an IACUC Member you should co	omplete the "Essentials for IACUC Members".
3. Choose the appropriate species specific el	ectives according to your research interests
s. cosc and appropriate species species	
Choose all that apply	
☐ "Working with the IACUC Course" is required i	f you plan to use lab animals in your work.
☐ If you are an IACUC Member or IACUC Staff yo	u are required to complete the "Essentials for IACUC Members" course
now.	
☐ If you are a Principal Investigator you are requ Members" course now.	ired to complete an alternate version of the "Essentials for IACUC
☐ Post-Approval Monitoring (PAM)	
☐ Antibody Production	
☐ Aseptic Surgery	
☐ IACUC Community Member	
_	otential to cause "more than momentary pain and distress" in Mice or nizing Pain and Distress".

Question 5
Research Study Design (RSD)
Please make the appropriate selection if you need the Research Study Design course.
Choose one answer *REQUIRED - PGY-1
Research Study Design (RSD)
O Not at this time.
* Question 6
COVID-19: Back to Campus (2020-2021), Remote Contact Tracing, Participating in Vaccine Research, Insights for Higher Ed Leaders, and What You Need to Know About COVID-19 Vaccine
I wish to access the free courses <i>above</i> and acknowledge that I have read and understood the statement below:
These courses were developed or reviewed by medical, research, and environmental health and safety professionals. The Back to Campus course was developed in coordination with the Association of American Medical Colleges (AAMC). Some of these materials may be based on resources and guidance documents produced by the U.S. Centers for Disease Control and Prevention, the U.S. Department of Labor's Occupational Health and Safety Administration, and the National Institutes of Health. Please note, it is not possible to include discussion of everything necessary to ensure a healthy and safe working environment in a presentation of this nature. The information in these courses must be understood as a tool for addressing workplace hazards but not a comprehensive solution. As researchers learn more about COVID-19, professional recommendations and legal requirements may change, and we urge you to keep apprised of such developments. In addition, individuals must always adhere to state and local regulations as well as institutional policy. The information presented here is not intended to provide medical advice. You should seek appropriate medical treatment or call 911 (or applicable emergency service in your area) if it is an emergency.
NOTE: Access to this course will terminate on 1 October 2021.
COVID-19: Back to Campus access includes access to Remote Contact Tracing, Participating in Vaccine Research, Insights for Higher Ed Leaders, and What You Need to Know About COVID-19 Vaccines.
Choose one answer

Complete Registration

○ Yes ○ No