



School of Graduate Studies

Ethical Scientific Conduct Course Registration Form

Please select which one of the following courses is most appropriate for you to register for based on your previous training experience. Both of these courses comply with NIH guidelines.

EITHER

Initial training (16:115:556) is for individuals **who have never taken responsible conduct of research (RCR) training before at any institution.** This class meets Mondays from 4-5pm all Spring Semester.

OR

Refresher training (16:115:558) is for individuals **who have previously taken responsible conduct of research (RCR) training.** This class meets the four Tuesdays in February from 3-5pm.

Semester that you are registering for: Spring 20_____

What is your position?

Postdoc Who is your Faculty Mentor_____

OR

Other Please Specify your Title_____

Your Name:_____

NetID:_____ Rutgers University I.D._____

Rutgers Campus: New Brunswick/Piscataway New Jersey Medical School
 Rutgers Newark Camden Other_____

Email:_____

By signing below, I certify that I will be attending the Ethical Scientific Conduct course. Upon completion and meeting the requirements, I will receive a Certification of Completion document.

Signature

Date

Approved for registration:

Signature of Course Director

Date

**Please complete and return this form by January 15 to
Tina Marottoli (tina.marottoli@rutgers.edu)
675 Hoes Lane West, Research Tower Room 102 Piscataway, NJ 08854-5635
732-235-2106**