



CURRENT RESEARCH TERM (F, W/SP,SU, year): _____

List all students required to have RCR training.

<u>Student Name:</u>	<u>ID¹ #:</u>	<u>Support*:</u>	<u>Training Complete</u> <input checked="" type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input 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 <https://www.citiprogram.org/> **(Required)**
- Human subjects training (<http://phrp.nihtraining.com/users/login.php>) NA
- Lab safety training (specify: _____) NA
- Animal welfare training (specify: _____) NA
- Other training (specify: _____) NA

Comments:

PI Signature: _____ GrantNumber: _____

Grant Title: _____

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

Sponsored Research Coordinator, Sterry 303
(document naming convention: RCR_StudentList_PIName_Date)

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