CITI PROGRAM REGIGSTRATION GUIDE

ORGANIZATION AFFILIATION MUST BE: Ponce Medical School Foundation.

CITI PROGRAM

LOG IN   LOG IN THROUGH MY ORGANIZATION   **REGISTER**

ℹ **CITI Program operations are located in Florida, so support services may be slower than usual due to Hurricane Ian.**

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. ⓦ

Ponce Medical School Foundation

Ponce Medical School Foundation 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 **Terms of Service** and **Privacy Policy** for accessing CITI Program materials.
☑ I affirm that I am an affiliate of Ponce Medical School Foundation.

Create a CITI Program account

CITI - Learner Registration - Ponce Medical School Foundation

Steps : 1 **2** 3 4 5 6 7

Personal Information

* indicates a required field.

* First Name

Jean Michael

* Last Name

Torres Vázquez

* Email Address

jmtorres@psm.edu

* Verify email address

jmtorres@psm.edu

We urge you to provide a second email address, if you have one, in case messages are blocked or you lose the ability to access the first one. If you forget your username or password, you can recover that information using either email address.

Secondary email address

Verify secondary email address

Continue To Step 3

*IF YOU HAVE AN INSTITUTIONAL EMAIL (@PSM.EDU) USER IT AS A PRIMARY EMAIL. IF NOT USER AN ACTIVE EMAIL.

CITI - Learner Registration - Ponce Medical School Foundation

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

> jmtorres ⬛

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

CITI - Learner Registration - Ponce Medical School Foundation

* indicates a required field.

* 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? ⓘ

○ Yes
● No

Continue To Step 5

CITI - Learner Registration - Ponce Medical School Foundation

* indicates a required field.

* 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.

● Yes

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

○ Athletic Trainers - BOC Category A Hours

○ Dentists - ADA CERP Credits

○ Dietitians - CDR Continuing Professional Education Units

○ MDs, DOs, PAs - AMA PRA Category 1 Credits™

○ Nurses - ANCC CNE

○ Optometrists - COPE CE Credits

○ Other Participants - Certificates of Participation

○ Pharmacists - CPE Credits

○ Psychologists - APA Credits

○ Social Workers - CE Credits

Continue To Step 6

IF YOU WOULD LIKE TO RECEIVE CONTINUING EDUCATION UNIT (CEU) CREDITS
SELECT "YES"

*FOR THIS STEP, FILL OUT WHAT IS APPROPRIATE.

CITI - Learner Registration - Ponce Medical School Foundation

Steps: 1 2 3 4 5 **6** 7

Please provide the following information requested by Ponce Medical School Foundation

* indicates a required field.

Language Preference

English ▾

* Institutional Email Address

We recommend providing an email address issued by Ponce Medical School Foundation or an approved affiliate, rather than a personal one like @gmail, @hotmail, etc. This will help Ponce Medical School Foundation officials identify your learning records in reports.

jmtorres@psm.edu

* Verify Institutional Email Address

jmtorres@psm.edu

Highest Degree

▾

Employee Number

* Department

Research Development

* Role?

IRB administrator ▾

Address Field 1

Address Field 2

Address Field 3

City

State

Zip/Postal Code

Country

Phone

Continue To Step 7

Question 3

Good Clinical Practice (GCP)

Please make the appropriate selection if you are required to complete the Good Clinical Practice (GCP) course.

- ● **Researchers in Clinical Trials and Clinical Research (GCP)**
- ○ IRB Members (GCP)
- ○ Not at this time.

**ONLY APPLIES TO MEDICAL SCIENCE STUDENTS OR RESEARCHERS (HOSPITALS, CLINICS, MEDICAL OFFICES, WELLNESS CENTER, ETC.)

FOR QUESTION #4 YOU MUST CHOOSE THE COURSE CLOSEST TO YOUR DEPARTMENT, IF YOU ARE A STUNDENT FROM THE PUBLIC HEALTH SCHOOL SKIP TO QUESTION #9 "PUBLIC HEALTH RESEARCH"

Question 4

Human Subjects Research

Please choose one learner group below based on your role and the type of human subjects activities you will conduct. You will be enrolled in the Basic Course for that group.

- ○ Biomedical Research Investigators: Choose this group to satisfy CITI training requirements for Investigators and staff involved primarily in Biomedical research with human subjects.
- ○ Social & Behavioral Research Investigators: Choose this group to satisfy CITI training requirements for Investigators and staff involved primarily in Social and Behavioral research with human subjects.
- ○ Research with data or laboratory specimens- ONLY: No direct contact with human subjects.
- ○ IRB Members: This Basic Course is appropriate for IRB or Ethics Committee members.
- ○ IRB Chair
- ○ Not at this time.

Pregunta 8

Information Privacy Security

Please make the appropriate selection if you are required to complete the Information Privacy Security (IPS) course.

Seleccione una sola respuesta

- ○ IPS for Clinicians
- ○ IPS for Researchers
- ● IPS for Students and Instructors ⬅
- ○ IPS for Fundraisers
- ○ IPS for Marketers
- ○ I am not required to complete the IPS course at this time.

QUESTION #9 ONLY APPLIES FOR STUDENTS IN PUBLIC HEALTH SCHOOL

Question 9

Public Health Research

Please make your selection below if you wish to be enrolled in the Public Health Research course.

Choose one answer

- ○ Public Health Research
- ○ Not at this time.

Question 11

Revised Common Rule

Please make your selection below if you wish to be enrolled in the Revised Common Rule course.

- ● Revised Common Rule
- ○ Not at this time.

AT THE TIME YOU COMPLETE THESE STEPS YOU WILL BE ABLE TO ACCESS THE CITI PROGRAM AND SEE YOUR COURSES. **REMEMBER THAT THIS REGISTRATION IS ONLY AN EXAMPLE, YOU CAN MARK OTHER OPTIONS THAT ARE REQUIRED FOR YOU.