

## **ACADEMIC AFFAIRS**

Office of College Grants & Sponsored Programs

## Responsible Conduct of Research (RCR) Training REPORT

The purpose of this reporting form is to: 1) identify individuals involved in National Science Foundation (NSF) and National Institutes of Health (NIH) grants subject to the RCR training requirement, 2) Identify all undergraduate, graduate, and postdoctoral fellows involved in sponsored research activities; and 3) certify successful completion of RCR training by individuals involved in sponsored research, regardless of funding source. Although only personnel compensated through grant funds are required to comply with the RCR training requirement, the College strongly encourages RCR training for all personnel, regardless of the source of support. View Union's RCR Training policy here: <a href="https://muse.union.edu/grants/policies-guides/">https://muse.union.edu/grants/policies-guides/</a>

## Instructions:

- 1. Complete columns A E
  - Column A: Enter the name of the individual involved in grant-funded research activities
    - For NSF grants, list undergraduate students, graduate students, and/or postdoctoral fellows
    - For NIH grants, list all trainees, fellows, participants, and scholars
    - For all other grants, list all undergraduate students
  - Column B: Enter the grant project title (abbreviated) or the grant award ID
  - Column C: Enter YES if the individual is compensated with grant funds, otherwise enter NO
  - Column D: Enter the date the individual completed the RCR Training program
  - Column E: Describe the method of training in RCR (e.g., CMIDTR training modules, one-on-one discussion with trainee, etc.)
- 2. Print, sign, and date the Activity Sheet
- 3. Attach Certificates of Completion from online training programs/modules, if applicable
- 4. Send completed form with attachments to Mercedes Susi, Grants Office Silliman Hall 306

## Union College RCR TRAINING REPORT

Α	В	С	D	E	
Name (Last, First)	Grant Title/Award ID	Paid through Grant	Date Trained	Type of Training Method	

Faculty Researcher Certification:  I certify that the information provided above is true and complete to the best of my knowledge.									
Signature	Pri	nt Name		Date					