

RCR Activity Form

This form is intended to document formal or informal RCR training for the purposes of applying for the RCR Certification at UT Arlington. In addition to the workshop and online training requirements, a minimum of 4 RCR Activities are required for RCR Certification.

Student Name: _____

Student ID number: _____

Department: _____

Degree level: Undergraduate Master's Doctoral

Email address: _____

How would you best describe the format of the training?

<input type="checkbox"/>	One-on-one training with a faculty mentor
<input type="checkbox"/>	Department-sponsored training workshop
<input type="checkbox"/>	Training as part of a course
<input type="checkbox"/>	Online training
<input type="checkbox"/>	Other (please specify): _____

What RCR topics were covered in the training? (check all that apply):

<input type="checkbox"/>	Research misconduct
<input type="checkbox"/>	Human subject research
<input type="checkbox"/>	Animal subject research
<input type="checkbox"/>	Data acquisition, management, sharing and ownership
<input type="checkbox"/>	Plagiarism
<input type="checkbox"/>	Falsifying or "cooking" research data
<input type="checkbox"/>	Failure to present data that contradicts one's previous research
<input type="checkbox"/>	Use of flawed data or questionable interpretations of data
<input type="checkbox"/>	Ethical decision-making and deliberation
<input type="checkbox"/>	Misuse of research funds
<input type="checkbox"/>	Discrimination or harassment on the basis of race, gender, sexual orientation, etc.
<input type="checkbox"/>	Mentor/student relationship
<input type="checkbox"/>	Publication and authorship practices
<input type="checkbox"/>	Collaboration
<input type="checkbox"/>	Peer reviewer responsibilities/unauthorized use of information
<input type="checkbox"/>	Maintenance of records on methods and research data
<input type="checkbox"/>	Responsible research practices-- animal care/use, human subjects, biosafety, etc.
<input type="checkbox"/>	Conflicts of interest/commitments.
<input type="checkbox"/>	Laboratory management.
<input type="checkbox"/>	Classroom management and practice
<input type="checkbox"/>	Other (please specify): _____

I agree that this training was directly related to Responsible Conduct of Research and that the above named student fully participated in the training.

Faculty Mentor name (print): _____ date: _____

Faculty mentor signature: _____ date: _____

Student signature: _____ date: _____