

REWARDS (Formerly C.O.R.E)
Research Ethics Workshops about responsibilities and duties of scientists
Thursday, November 19, 2020 * 80050568
*****Location: Internet – Live Zoom Meeting*****

To Register

Online: <https://hopkinscme.cloud-cme.com/default.aspx?P=5&EID=23986>

To register by fax: (866) 510-7088 By phone: (410) 502-9636 By email: rmyers20@jhmi.edu

Or mail this form to the **Johns Hopkins University, Office of Continuing Medical Education,**
720 Rutland Avenue, Baltimore, MD 21205-2195. Include e-check or credit card information below.

Full Payment **IS REQUIRED PRIOR TO THE START OF ACTIVITY**

Please type or print clearly:

Last Name		First Name		M.I.
Primary Degree (for name badge)		Primary Specialty		Hopkins Faculty/Staff Only – JHED ID:
For Physicians Only – NPI 10 digit#		State License #		State of License
Mailing Address				
City	State	ZIP + 4 code	Country	
Daytime Phone	Fax Number	E-mail (required)		
You will receive receipt by e-mail. That is your confirmation. If you have not received within two weeks call (410) 502-9634 to confirm that you are registered.				
Registration Fees:				
[] Faculty/Staff \$50.00 per workshop _____				
[] Fellows*/Residents*/Students* Complimentary *with verification of status – please provide a clear copy of your Hopkins ID badge or letter from department head.				
The registration fee includes instructional materials. For registrations received after 5:00pm ET on November 14, 2020, include a \$5 late fee. Total amount \$_____				
The Johns Hopkins University reserves the right to cancel or postpone any activity due to unforeseen circumstances. In this event, the University will refund the registration fee but is not responsible for travel expenses. Additionally, we reserve the right to change the venue to a comparable venue. Under such circumstances registrants will be notified as soon as possible.				
***Workshops Selection Criterion:				
<ul style="list-style-type: none"> • New Principal Investigators are required to <i>attend 2 workshops</i> to fulfill their training requirement (at least one has to be on Human Subjects Research (HSR)). • Fellows needing to complete their in-person HSR training are required to <i>attend 2 workshops</i> to fulfill their training requirement (one on Human Subjects Research (HSR) and one on the Responsible Conduct of Research (RCR)). • Recertifying Principal Investigators can attend <i>any</i> workshop to fulfill their in-person course requirement. • Workshops marked with an asterisk (*) count toward training requirements in the Responsible Conduct of Research (RCR) from the Office of Policy Coordination 				
9 – 10:30 a.m. - Workshop #1 – please select in order of preference, 1 being your first preference		10:45 – 12:15 p.m. Workshop #2 – please select in order of preference, 1 being your first preference		
____ 1A - Scientific Integrity: The Francis Collins Video *(HSR/RCR)		____ 2A - Introduction to Human Subjects Research: Noteworthy Hopkins Cases (HSR)		
____ 1B - Ethical Issues in International Health Research (HSR)		____ 2B – Informed Consent: Barriers and Best Practices (HSR)		
		____ 2C – Data Management Best Practices * (RCR)		
1:00 – 2:30 p.m. - Workshop #3 – please select in order of preference, 1 being your first preference		2:45 – 4:15 p.m. Workshop #4 – please select in order of preference, 1 being your first preference		
____ 3A - Responsible Conduct of Clinical Research – The NSABP Debate * (HSR/RCR)		____ 4A – Stored Tissue Ownership* (HSR/RCR)		
____ 3B – Genetics (HSR)		____ 4B - Conflicts of Interest – (RCR)		
JHU Faculty/Staff Only: If you are using your Tuition Remiss Benefit or an ION budget, please upload your fully completed and approved form in the payment section of the online activity link above.				
[] TR Form: https://hr.jhu.edu/wp-content/uploads/2019/03/trffacandstaff.pdf		[] ION Form: http://hopkinscme.edu/migration/IonRequest.pdf		
***This is a non-credit professional development activity				
[] e-Check: Routing Number: _____ Account Number: _____				
[] Credit Card: [] VISA [] MASTERCARD [] DISCOVER [] AMEX				
Card # _____ - _____ - _____ - _____ Exp. Date _____ Billing ZIP Code _____ Security Code _____				
Name on Card _____			Signature and Date _____	
***If you are a paid Johns Hopkins employee, you will need to provide your Hopkins ID # so that you can be located in the “my Learning” management system which will record all your educational training courses. This is also how the IRB receives data that you have taken and completed REWARDS.				