

**REwards (Formerly C.O.R.E)**  
**Research Ethics Workshops about responsibilities and duties of scientists**  
**Monday, March 23, 2026 \*80070507**

**\*\*\*Location: Internet – Live Zoom Meeting\*\*\***

**To Register**

**Online:** <https://hopkinscme.cloud-cme.com/default.aspx?P=5&EID=66981>

**To register by fax: (866) 510-7088 By phone: (410) 502-9636 By email: [rmyers20@jhmi.edu](mailto: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	
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.					
<b>Registration Fees:</b> <input type="checkbox"/> Faculty/Staff \$50.00 per workshop _____ <input type="checkbox"/> JHU Fellows*/Residents*/Students* <b>Complimentary *with verification of status – please email a clear copy of your Hopkins ID badge or letter from your Hopkins department head to <a href="mailto:rmyers20@jhmi.edu">rmyers20@jhmi.edu</a></b> The registration fee includes instructional materials. For registrations received after 5:00pm ET on March 16, 2026, 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.					
<b>***Workshops Selection Criterion:</b> <ul style="list-style-type: none"> <li><b>New Principal Investigators</b> are required to <i>attend 2 workshops</i> to fulfill their training requirement (<b>at least one has to be on Human Subjects Research (HSR)</b>).</li> <li><b>Fellows</b> needing to complete their in-person HSR training are required to <i>attend 2 workshops</i> to fulfill their training requirement (<b>one on Human Subjects Research (HSR) and one on the Responsible Conduct of Research (RCR)</b>).</li> <li><b>Recertifying Principal Investigators</b> can attend <i>any</i> workshop to fulfill their in-person course requirement.</li> <li>Workshops marked with an asterisk (*) count toward training requirements in the <b>Responsible Conduct of Research (RCR)</b> from the Office of Policy Coordination</li> </ul>					
<b>9 – 10:30 a.m. - Workshop #1</b> – please select in order of preference, 1 being your first preference for workshop #1 ( <b>Select ONE workshop per timeslot</b> ) ____ 1A - Scientific Integrity: The Francis Collins Video *(HSR/RCR) ____ 1B - Ethics and Global Health Research (HSR) ____ 1C - Conflicts of Interest * (RCR)			<b>10:45 – 12:15 p.m. Workshop #2</b> – please select in order of preference, 1 being your first preference for workshop #2 ( <b>Select ONE workshop per timeslot</b> ) ____ 2A - Introduction to Human Subjects Research: Noteworthy Hopkins Cases (HSR) ____ 2B - Data Management and Sharing Best Practices * (RCR) ____ 2C – Ethical Issues in Pediatric Research – Ethical Issues (HSR)		
<b>1:00 – 2:30 p.m. - Workshop #3</b> – please select in order of preference, 1 being your first preference for workshop #3 ( <b>Select ONE workshop per timeslot</b> ) ____ 3A - Responsible Conduct of Clinical Research – The NSABP Debate * (HSR/RCR) ____ 3B – Genetics (HSR) ____ 3C - Conflicts of Interest * (RCR)			<b>2:45 – 4:15 p.m. Workshop #4</b> – please select in order of preference, 1 being your first preference for workshop #4 ( <b>Select ONE workshop per timeslot</b> ) ____ 4A – Stored Tissue Ownership* (HSR/RCR) ____ 4B – Informed Consent: Barriers and Best Practices (HSR)		
<b>JHU Faculty/Staff Only:</b> 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 below.					
<input type="checkbox"/> TR Form: <a href="https://hr.jhu.edu/wpcontent/uploads/2019/03/trffacandstaff.pdf">https://hr.jhu.edu/wpcontent/uploads/2019/03/trffacandstaff.pdf</a> <b>***This is a non-credit professional development activity</b>			<input type="checkbox"/> ION Form: <a href="http://hopkinscme.edu/migration/ionRequest.pdf">http://hopkinscme.edu/migration/ionRequest.pdf</a>		
<input type="checkbox"/> e-Check: Routing Number: _____ Account Number: _____ <input type="checkbox"/> Credit Card: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX Card # _____ - _____ - _____ - _____ Exp. Date _____ Billing ZIP Code _____ Security Code _____ Name on Card _____ Signature and Date _____					
<b>***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.</b>					