**Alternate Study RCR Education Completion Form**

*This Plan is Subject to Approval by The Office of Research*

1. Grant Number:
2. Student/Postdoctoral Name:
3. Alternate Study RCR Education Plan (*sample format)*

**Topics and dates for discussion** (*at least 3 different topics*)

Topic 1:  *“topic title”*

* *“date of meeting”*
* *“required reading prior to discussion”*
* *“type of training ie discussion, lecture/quiz, video”*
* *“brief summary of learning objectives”*

Topic 2: *“topic title”*

* *“date of meeting”*
* *“required reading prior to discussion”*
* *“type of training ie discussion, lecture/quiz, video”*
* *“brief summary of activity/requirements/learning objectives”*

Topic 3: “*topic title*”

* *“date of meeting”*
* *“required reading prior to discussion”*
* *“type of training ie discussion, lecture/quiz, video”*
* *“brief summary of activity/requirements/learning objectives”*

*Office of Research Signature*

**“I certify that I have completed this RCR training.”**

Student/Postdoctoral (*Print Name*)

*Signature* Date

**“I confirm that completed this RCR training.”**

Principle Investigator (*signature*) Date