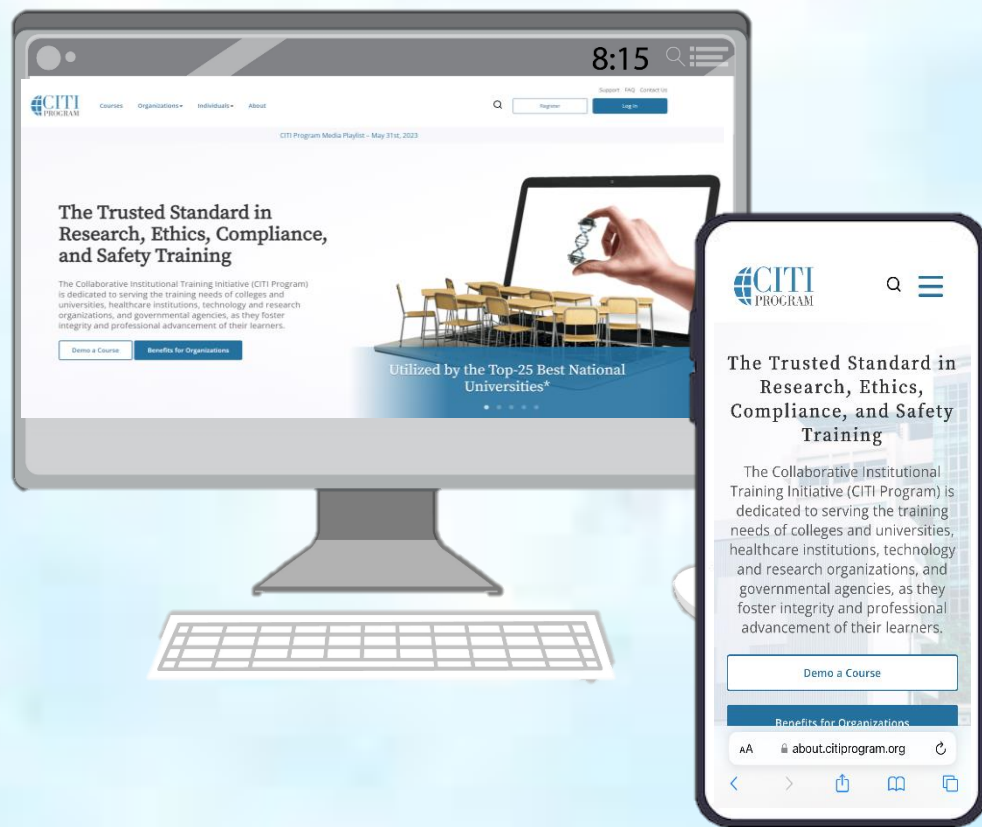


CITI REGISTRATION GUIDE

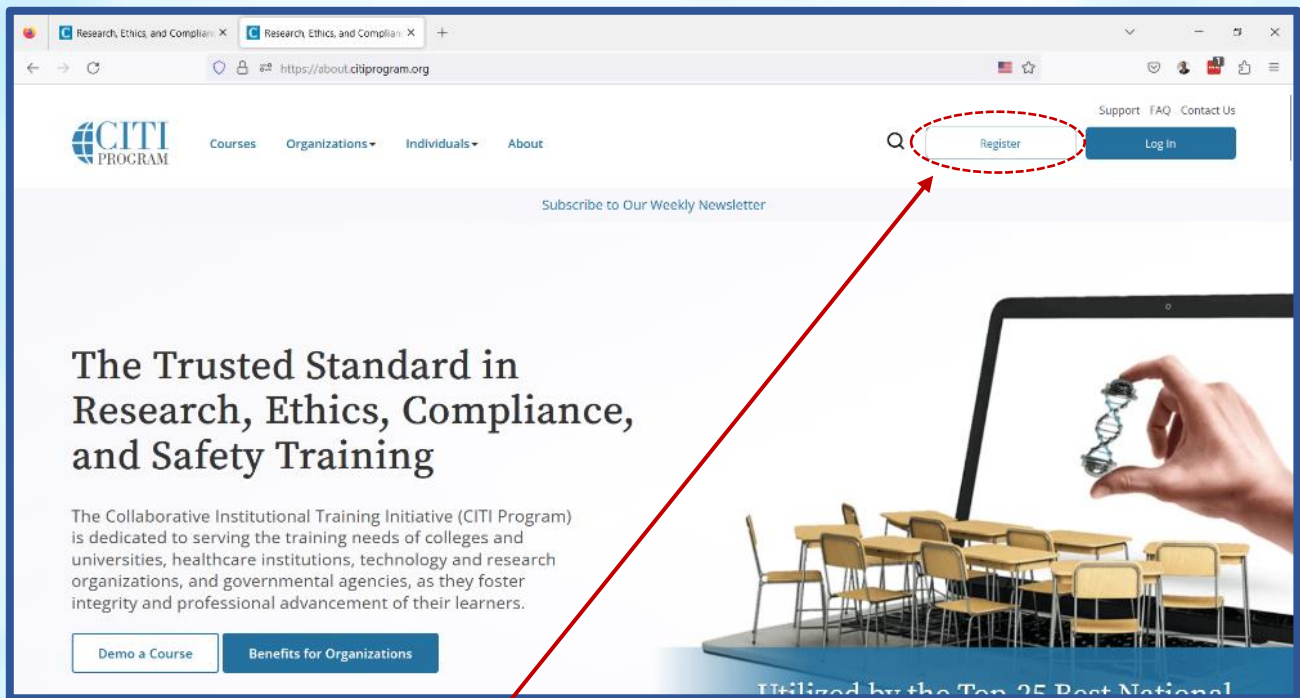


CITI TRAINING GUIDE

STEP 1:

Start by accessing the following link:

<https://about.citiprogram.org/>



Then click “Register” button

CITI TRAINING GUIDE

STEP 2:

English ▾

CITI
PROGRAM

LOG IN LOG IN THROUGH MY ORGANIZATION REGISTER

CITI - Learner Registration

Steps: **1** 2 3 4

Select Your Organization Affiliation

This option is for persons affiliated with a CITI Program subscriber organization.

To find your organization, enter its name in the box below, then pick from the list of choices provided. 🗨

Primar|

Primary Health Care Corporation

or

Continue by writing “Primary” in the field “Select your Organization Affiliation”. The full name of PHCC “Primary Health Care Corporation” will appear under the field. You can select your organization by clicking on the full name

CITI TRAINING GUIDE

STEP 3:

English ▾

CITI PROGRAM

LOG IN LOG IN THROUGH MY ORGANIZATION REGISTER

CITI - Learner Registration

Steps: **1** 2 3 4

This option is for persons affiliated with a CITI Program subscriber organization.

To find your organization, enter its name in the box below, then pick from the list of choices provided. 🗨

Primary Health Care Corporation

Primary Health Care Corporation only allows the use of a CITI Program username/password for access. You will create this username and password in step 2 of registration.

I AGREE to the [Terms of Service](#) and [Privacy Policy](#) for accessing CITI Program materials.

I affirm that I am an affiliate of Primary Health Care Corporation.

Create a CITI Program account

Click the two checkboxes (“I AGREE”, “I affirm”) and then click the “Create CITI Program account” button

CITI TRAINING GUIDE

STEP 4:

Personal Information

* Indicates a required field.

* First Name

* Last Name

* Email Address

* Verify email address

We urge you to provide a second email address, if you have one, in case messages are blocked or you lose the ability to access the first one. If you forget your username or password, you can recover that information using either email address.

Secondary email address

Verify secondary email address

Complete the remaining required information.

CITI TRAINING GUIDE

STEP 5:

CITI - Learner Registration - Primary Health Care Corporation

Steps: 1 2 3 4

Create your Username and Password

* indicates a required field.

Your username should consist of 4 to 50 characters. Your username is not case sensitive; "A12B34CD" is the same as "a12b34cd". Once created, your username will be part of the completion report.

* User Name

Your password should consist of 8 to 50 characters. Your password IS case sensitive; "A12B34CD" is not the same as "a12b34cd".

* Password

* Verify Password

Please choose a security question and provide an answer that you will remember. **NOTE: If you forget your login information, you will have to provide this answer to the security question in order to access your account.**

* Security Question

In what city were you born? ▼

* Security Answer

You can use your PHCC username or create a new one. The password created/used in CITI is unrelated to your secured PHCC password. It is recommended to use a password different from your PHCC account password.

CITI TRAINING GUIDE

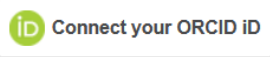
STEP 6:

CITI - Learner Registration - Primary Health Care Corporation

Steps: 1 2 3 4

* indicates a required field.

Would you like to connect your ORCID® iD to your CITI Program account? ⓘ

 Connect your ORCID iD

* Country of Residence

Search for country: Enter full or partial name (e.g., "United States") OR your country's two or three character abbreviation (e.g., "US", "USA"), then pick from the list of choices provided.

Qatar

* May we contact you to provide information about other courses and services after you complete your CITI Program coursework? ⓘ

Yes
 No

Finalize Registration

Choose your country of residence as “Qatar”.

CITI TRAINING GUIDE

STEP 7:

Next you will be introduced with a set of 5 questions, which should be answered in a standard way (by clicking the appropriate checkboxes) to access the PHCC endorsed courses.

Question 1

The questions below will guide you through selecting your CITI Program training enrollment. Each organization determines the courses offered and the requirements of its learners. If you are unsure of what to select, please contact your organization.

Please select which categories of courses you would like to enroll in:

This question is required. Choose all that apply.

- Human Subjects Research
- Conflicts of Interest
- Responsible Conduct of Research
- Good Clinical Practice
- Information Privacy and Security
- Observational Research Protocols: An Introduction
- Research Study Design
- IRB Administration

For Question 1: please select all the following options, except for the last one "IRB Administration"

- ✓ **Human Subjects Research**
- ✓ **Conflicts of Interest**
- ✓ **Responsible Conduct of Research**
- ✓ **Good Clinical Practice**
- ✓ **Information Privacy and Security**
- ✓ **Observational Research Protocols: An Introduction**
- ✓ **Research Study Design**

CITI TRAINING GUIDE

Select Curriculum

Primary Health Care Corporation

Question 2

Human Subjects Research Please choose courses based on your role and the type of human subjects activities you will conduct:

This question is required. Choose all that apply.

- Social & Behavioral Research Investigators:** Choose this group to satisfy CITI training requirements for Investigators and staff involved primarily in Social and Behavioral research with human subjects.
- Biomedical Research Investigators:** Choose this group to satisfy CITI training requirements for Investigators and staff involved primarily in Biomedical research with human subjects.
- Research with data or laboratory specimens- ONLY:** No direct contact with human subjects.
- IRB Members:** This Basic Course is appropriate for IRB or Ethics Committee members.
- Institutional/Signatory Official**

Start Over

Next

For Question 2:

- ✓ **Social & Behavioral Research Investigators**
- ✓ **Biomedical Research Investigators**
- ✓ **Research with data or laboratory specimens**

CITI TRAINING GUIDE

Select Curriculum

Primary Health Care Corporation

Question 3

Good Clinical Practice (GCP) Please choose a Good Clinical Practice course based on your role in research:

This question is required. Choose all that apply.

- GCP for Clinical Investigations of Devices
- GCP for Clinical Trials with Investigational Drugs and Biologics (ICH Focus)
- Good Clinical Practice (U.S. FDA Focus)
- GCP – Social and Behavioral Research Best Practices for Clinical Research

Start Over

Next

For Question 3: Please select all except for the third option "Good Clinical Practice (U.S. FDA Focus)"

- ✓ **GCP for Clinical Investigations of Devices**
- ✓ **GCP for Clinical Trials with Investigational Drugs and Biologics (ICH Focus)**
- ✓ **GCP – Social and Behavioral Research Best Practices for Clinical Research**

CITI TRAINING GUIDE

Select Curriculum

Primary Health Care Corporation

Question 4

Responsible Conduct of Research (RCR) Please select the appropriate Responsible Conduct of Research based on your role in research:

This question is required. Choose all that apply.

- Social and Behavioral Responsible Conduct of Research
- Biomedical Responsible Conduct of Research
- Humanities Responsible Conduct of Research
- Physical Science Responsible Conduct of Research
- Responsible Conduct of Research for Administrators
- Responsible Conduct of Research for Engineers

Start Over

Next

For Question 4: Only the first two applies to PHCC employees:

- ✓ **Social and Behavioral Responsible Conduct of Research**
- ✓ **Biomedical Responsible Conduct of Research**

CITI TRAINING GUIDE

Select Curriculum

Primary Health Care Corporation

Question 5

Information Privacy and Security (IPS) Please select the appropriate Information Privacy and Security course:

This question is required. Choose all that apply.

- Clinicians - Information Privacy & Security (IPS)
- Fundraisers - Information Privacy & Security (IPS)
- Educational Administrators - Information Privacy & Security (IPS)
- Researchers - Information Privacy & Security (IPS)
- Students and Instructors - Information Privacy & Security (IPS)
- Family Educational Rights and Privacy Act (FERPA)

Start Over

Next

For Question 5: Please select the first and fourth option only:

- ✓ **Clinicians-Information – Privacy and Security.**
- ✓ **Researchers-Information – Privacy and Security.**

CITI TRAINING GUIDE

- ✓ **After completing your reply to all the five questions, selected courses will populate the open window. Please choose one of the following two courses as a requirement for any type of research submitted for IRB approval on BUHOOTH system:**
 - **Biomedical (Biomed) Comprehensive (14 modules)**
 - **Social-Behavioral-Educational (SBE) Comprehensive (9 modules)**

- ✓ **Optional courses include the following list:**
 - **Biomedical Data or Specimens Only Research (6 modules)**
 - **Observational Research Protocols: An Introduction (5 modules)**
 - **Biomedical Responsible Conduct of Research (11 modules)**
 - **Clinicians - Information Privacy & Security (IPS) (11 modules)**
 - **Conflicts of Interest (2 modules)**
 - **GCP – Social and Behavioral Research Best Practices for Clinical Research (9 modules)**
 - **GCP for Clinical Investigations of Devices (10 modules completed)**
 - **GCP for Clinical Trials with Investigational Drugs and Biologics (ICH Focus) (13 modules)**
 - **Research Study Design (RSD) (11 modules)**
 - **Researchers - Information Privacy & Security (IPS) (11 modules)**
 - **Social and Behavioral Responsible Conduct of Research (10 modules)**