## Create a CITI Account and affiliate with the Johns Hopkins Bloomberg School of Public Health

- 1. Go to the CITI Home Page: <u>https://about.citiprogram.org/en/homepage/</u>
- 2. Create an account by clicking on the Register button



3. Start typing in Johns Hopkins... and then select Johns Hopkins Bloomberg School of Public Health



4. Check the box next to, "I AGREE to the Terms of Service for accessing CITI Program Materials."

		<b>CITI</b> PROGRAM	Eng
	LOG IN	LOG IN THROUGH MY INSTITUTION	REGISTER
CITI - Lear	ner Registration		
Steps: 1	2 3 4 5 6 7		
Select You	r Organization Affiliatio	on	
This option	is for persons affiliated w	ith a CITI Program subscriber organization.	
To find you	r organization, enter its n	ame in the box below, then pick from the list of	f choices provided. 🖲
Johns Ho	okins Bloomberg School o	f Public Health	
Johns Hopi You will cre	ins Bloomberg School of i ate this username and pa	Public Health only allows the use of a CITI Progressword in step 2 of registration.	ram username/password for access.
→ N TAGRE	to the Terms of Service f	or accessing CITI Program materials.	
		or	
Independe	nt Learner Registratio	n	
Use this op organizatio American f	tion if you are paying for y n, or who require content xpress, Discover, MasterC	your courses. This option is for persons not affi that their organization does not provide. Fees ard or Visa is required. Checks are not accepte	iliated with a CITI Program subscriber apply. Credit card payment with d.
I AGRE	to the Terms of Service f	or accessing CITI Program materials.	

5. Check the box next to, "I affirm that I am an affiliate of Johns Hopkins Bloomberg School of Public Health". DO NOT check the box under Independent Learner Registration

		<b>CITI</b> PROGRAM	E
	LOG IN	LOG IN THROUGH MY INSTITUTION	REGISTER
CITI - Learn	er Registration		
Steps: 1	2 3 4 5 6 7		
Select Your	Organization Affilia	tion	
This option i	is for persons affiliated	with a CITI Program subscriber organization.	
To find your	r organization, enter its	s name in the box below, then pick from the list of c	hoices provided. 😡
Johns Hop	kins Bloomberg Schoo	l of Public Health	
Johns Hopki You will crea	ins Bloomberg School d ate this username and	of Public Health only allows the use of a CITI Progra password in step 2 of registration.	m username/password for access.
I AGREE	to the Terms of Servic	e for accessing CITI Program materials.	
🖌 🖉 I affirm t	that I am an affiliate of	Johns Hopkins Bloomberg School of Public Health.	
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Independe	nt Learner Registrat	ion	
Use this opt organizatior American Ex	ion if you are paying fo n, or who require conte xpress, Discover, Maste	or your courses This option is for persons not affilia ent that their organization does not provide. Fees a erCard or Visa is seen ted. Checks are not accepted	ated with a CITI Program subscriber pply. Credit card payment with
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6. Click the blue box that appears, "Continue To Create Your CITI Program Username/Password".

<b>CITI</b> PROGRAM	English 🕶
LOG IN LOG IN THROUGH MY INSTITUTION REGISTER	
CITI - Learner Registration	
Steps: 1 2 3 4 5 6 7	
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. ${f 0}$	
Johns Hopkins Bloomberg School of Public Health	
Johns Hopkins Bloomberg School of Public Health 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 LAGREE to the Terms of Service for accessing CITI Program materials. I affirm that I am an affiliate of Johns Hopkins Bloomberg School of Public Health.	
Continue To Create Your CITI Program Username/Password	
or	
Independent Learner Registration	
Use this option if you are paying for your courses. This option is for persons not affiliated with a CITI Program subscriber organization, or who require content that their organization does not provide. Fees apply. Credit card payment with American Express, Discover, MasterCard or Visa is required. Checks are not accepted.	

7. Complete the requested information – first and last names, and email address

English •

		<b>CITI</b> PROGRAM	English •
	LOG IN	LOG IN THROUGH MY INSTITUTION	REGISTER
CITI - Learner Registration - J	ohns Hopkins I	Bloomberg School of Public Heal	th
Steps: 1 2 3 4 5 6 7			
Personal Information	_	1	
* indicates a required field. * First Name	* Last N	ame	
* Email Address	* Verify	email address	
Ne urge you to provide a second /ou forget your username or pas:	email address, if sword, you can re	you have one, in case messages are blo cover that information using either em	ocked or you lose the ability to access the first one. If nail address.
Secondary email address	Verify se	econdary email address	

**8.** Enter a username. Use your JHED ID if you have one. If not, use your first initial and last name. Example: Name: John Smith. Username: jsmith

			English •
	LOG IN	LOG IN THROUGH MY INSTITUTION	REGISTER
CITI - Learner Registration - Johns	Hopkins Bloor	nberg School of Public Health	
Steps: 1 2 3 4 5 6 7			
Create your Username and Passv	ord		
* indicates a required field.			
Your username should consist of 4 to 5 created, your username will be part of	0 characters. You the completion re	r username is not case sensitive; "A12 port.	2B34CD" is the same as "a12b34cd". Once
* User Name			
Your password should consist of 8 to 5	0 characters. You	r password IS case sensitive; "A12B34	CD" is not the same as "a12b34cd".
* Password	* Verify Passv	vord	
Please choose a security question and to provide this answer to the security	provide an answe question in orde	r that you will remember. NOTE: If yo r to access your account.	u forget your login information, you will have
* Security Question		7	
	~		
* Security Answer			
Continue to Step 4			

9. Start typing your country of residence and choose from the list that appears.



## **10.** Select NO to the questions as indicated below.

CITI - Learner Registration - J	ohns Hopkins Blo	omberg School of Pub	lic Health		
Steps: 1 2 3 4 5 6 7					
licates a required field.					
* Are you interested in the o courses?	ption of receiving	Continuing Education	Unit (CEU) ci	edit for completed CITI P	rogram
CITI is pleased to offer CE credits training requirements.	and units for purcha	se to learners qualifying fo	or CE eligibility v	while concurrently meeting the	ir institutions
CE credits/units for physicians, p: certification are available for mar for CE credits below by checking read texts entered for each optio	ychologists, nurses, y CITI courses – with the "YES" or "NO" do n carefully.	social workers and other p that availability indicated ots, and, when applicable, t	rofessions allo on course and ypes of credits	wed to use AMA PRA Category module listings. <b>Please registe</b> you wish to earn at bottom of	1 credits for re r <b>your interes</b> page. Please
Yes At the start of your course, you and ACKNOWLEDGE accreditati credits available for your course O Yes	will be prompted to on and credit design 2.	click on a "CE Information' ation statements, learning	page link locat objectives, fact	ed at the top of your grade bo Ilty disclosures, types, number	ok and to VIEW r and costs of
No The CE functionality will not be start your course. You can char the top of your grad book page	activated for your co ge your preference f	urse. Credits and units wil o "YES" before such time h	therefore not l lowever by click	pe available to you for purchas ing on the "CE Credit Status" t	se after you ab located at
No					
f you picked "YES", please cl	eck below the or	ne type of credit you w	ould like to e	arn	
MDs, DOs, PAs - AMA PRA Categ Psychologists – APA Credits Nurses – ANCC CNE	ory 1 Credits TM				
	of Participation				

Continue to Step 6

**11.** Complete the required fields. For language preference, select the appropriate one from the dropdown list. Completion of the other fields is optional.

	LOG IN	LOG IN THROUGH MY INSTITUTION	REGISTER	
CITI - Learner Registration - John	ns Hopkins Blo	oomberg School of Public Heal	th	
Steps: 1 2 3 4 5 6 7				
Please provide the following info	ormation regu	uested by Johns Hopkins Bloor	nberg School of Public He	alth
* indicates a required field.			0	
Language Preference				
* Institutional email address				
	•	_		
* Gender				
* Highest degree				
Employee Number				
Department				
* What is your role in research?	✓ ←	_		
Address Field 1				
Address Field 2				
Address Field 3				
City				
State				
Zip/Postal Code				
Country				
* Office Phone				

Continue to Step 7

**12.** Answer questions below to select the training courses you wish to take. Click **Submit** to finalize your account.

