APPM

Title: **Research Misconduct**
APPM Category: Research

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Basis for Policy:
45 CFR 93: PUBLIC HEALTH SERVICE POLICIES ON RESEARCH MISCONDUCT

SUMMARY OF RECENT CHANGES:

Substantive changes include:

1. Item formerly named “Scientific Integrity”
2. Revised to reflect updated Public Health Service Policies on Research Misconduct

SCOPE:

Applicable to all employees working for, or on behalf of, the Department of Health (DOH), except those in the Health Facilities. The Health Facilities should create procedures that follow the policy standards of this APPM item.

POLICY STATEMENT:

This document describes DOH policies and procedures for research misconduct involving activities supported by or proposed to Public Health Service (PHS) agencies within the Department of Health and Human Services (HHS) or other federal agencies. It includes procedures for assessing misconduct allegations, conducting inquiries and investigations, making findings of research misconduct, preparing and submitting reports to federal agencies, and related information.

RESPONSIBILITIES

Research Integrity Officer, Director for Research Ethics and Integrity, Certifying Official, Deciding Official, investigators and other institutional members

EFFECTIVE DATE

This policy is effective for allegations or research misconduct received as of January 1, 2026. For allegations received before January 1, 2026, DOH follows the provisions of Title 42, Part 43 as published in the 2005 edition of the Code of Federal Regulations (CFR) unless the institution and respondent both elect in writing to follow this policy.

APPLICABILITY

This policy applies to allegations and/or findings of research misconduct for PHS or other federally supported or proposed research, research training, and related activities, including:

- Applications or proposals for federal funding, whether or not an award is made;
- Grants, cooperative agreements, contracts, subawards or subcontracts and related salaries or payments under those instruments; or
- Research records or publications produced during or generated from federally supported research activities.

This policy is limited to occurrences of potential misconduct in the six-year period preceding the institution's receipt of an allegation, excepting either circumstance below.

- Subsequent Use Exception: During the preceding six-year period, a respondent engages in subsequent use of information resulting from alleged misconduct that occurred more than six years prior.
- Public Health Exception: The institution, following consultation with the federal Office of Research Integrity (ORI), determines that the potential misconduct may have substantial adverse effects on the health or safety of the public.

DEFINITIONS

Affirmative Defense: A respondent's admission that, while an allegation of misconduct is accurate, a finding of research misconduct should not be made due to extenuating circumstances or for technical reasons (e.g., the misconduct occurred more than six years prior to the allegation report).

Allegation: Any written or oral statement or evidence of potential research misconduct reported to the Research Integrity Officer or other institutional official.

Complainant: Anyone who makes a good faith allegation of misconduct in research or scholarship.

Conflict of Interest: Personal, professional, or financial circumstances that may potentially bias someone's judgment regarding complainants, respondents, or witnesses involved in allegations of research misconduct.

Evidence: Anything offered or obtained during a research misconduct proceeding that may prove or disprove an allegation, including documents, information, tangible items, and testimony.

Fabrication: Making up data or results and recording or reporting them.

Falsification: Manipulating research materials, equipment, processes, or changing or omitting data or results so that the research is not accurately represented in the research record.

Inquiry: Initial fact-finding to determine whether an allegation of misconduct warrants an investigation.

Institution/Institutional Member: The institution means DOH and/or any institutional member acting on its behalf. Institutional members may be employees, contractors, or others who function as agents of DOH.

Institutional Record: The institutional record is comprised of the information compiled, generated, and/or relied upon during a research misconduct proceeding

Investigation: Formal examination and evaluation of all relevant facts to determine if misconduct has occurred, and if so, the responsible person or persons and the seriousness of the misconduct.

Office of Research Integrity: The federal office that oversees and directs PHS research integrity activities on behalf of the HHS secretary, excepting the regulatory research integrity activities of the Food and Drug Administration.

Plagiarism: Appropriation of another person's ideas, processes, results or words without giving appropriate credit. Plagiarism does not include self-plagiarism or authorship or credit disputes.

Public Health Service (PHS): The PHS is comprised of the following HHS components: the Office of the Assistant Secretary for Health, the Office of Global Affairs, the Administration for Strategic Preparedness and Response, the Advanced Research Projects Agency for Health, the Agency for Healthcare Research and Quality, the Agency for Toxic Substances and Disease Registry, the Centers for Disease Control and Prevention, the Food and Drug Administration, the Health Resources and Services Administration, the Indian Health Service, the National Institutes of Health, the Substance Abuse and Mental Health Services Administration, and any other components of HHS designated or established as PHS components.

PHS Support: PHS funding, or applications or proposals for PHS funding, for biomedical or behavioral research, biomedical or behavioral research training, or activities related to that research or training, that may be provided through funding for PHS intramural research; PHS grants, cooperative agreements, or contracts; subawards, contracts, or subcontracts under those PHS funding instruments; or salary or other payments under PHS grants, cooperative agreements, or contracts.

Research Integrity Officer (RIO): The RIO is the institutional official responsible for administering the institution's written policies and procedures for addressing allegations of research misconduct. References to the RIO throughout this policy includes the individual designed as the RIO and/or any individuals designated to perform tasks on the RIO's behalf, including committees and individuals acting as agents of the institution.

Research Misconduct: Research misconduct means fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results. Research Misconduct does not include honest errors or differences of opinion. A finding of misconduct must determine all of the following:

- There was a significant departure from accepted practices of the relevant research or scholarly community.
- The misconduct was intentional, knowing or reckless.
- The finding is supported by a preponderance of the evidence.

Research Record: Any data, document, computer file, computer storage medium, or any other written or non-written account or object that reasonably may be expected to provide evidence or

information regarding the proposed, conducted or reported misconduct that constitutes the subject of an allegation of misconduct.

Respondent: The person or persons against whom an allegation of misconduct in research is directed or who is the subject of a misconduct proceeding.

Subsequent Use: Additional uses, publication or citation of information resulting from alleged research misconduct. Such uses may be subject to inquiries or investigations of research misconduct, even when it's been more than six years since the original occurrence of potential misconduct (known as the subsequent use exception).

RESEARCH INTEGRITY

The institution fosters a culture of research integrity through its compliance with New York State's ethics requirements for public officers, Responsible Conduct of Research classroom and online trainings, and institutional policies regarding government and public health ethics and conflicts of interest. As a recipient of PHS support, the institution maintains an active research integrity assurance with ORI. Each year, the institution submits an annual report to ORI, assuring compliance with the PHS regulation and detailing the number of research misconduct allegation assessments, inquiries, and investigations completed.

Research misconduct involving federally supported activities is contrary to the interests of the federal government, the health and safety of the public, the integrity of research, and the conservation of public funds. Institutions and institutional members have a duty to protect federal funds from misuse by ensuring the integrity of all federally funded work and primary responsibility for responding to and reporting allegations of research misconduct. The institution maintains written procedures for reporting and responding to allegations of research misconduct in compliance with the PHS Policies on Research Misconduct [45 CFR 93] and other federal regulations and policies as applicable.

This policy does not supersede or establish an alternative to any applicable statutes, regulations, policies, or procedures for handling fiscal improprieties, the ethical treatment of human or animal subjects, criminal or civil matters, personnel actions, or policies addressing whistleblowers and/or retaliation. In the case of any conflict between this document and PHS or other federal regulations, the federal regulations prevail.

ROLES AND RESPONSIBILITIES

Institutional Responsibilities

The institution addresses allegations of research misconduct in a thorough, competent and objective manner and ensures that individuals responsible for research misconduct proceedings conduct them in compliance with applicable federal regulations and this policy. The institution informs all institutional members about these policies and procedures and makes this document publicly available.

The institution takes all reasonable and practical steps to ensure the cooperation of respondents and others involved in research misconduct proceedings and to protect the positions, reputations and privacy of good faith complainants, witnesses, and committee members while guarding them against retaliatory actions. If the alleged misconduct involves multiple

respondents, the institution may conduct a separate inquiry for each new respondent. If the alleged misconduct involves multiple institutions, the institution may work cooperatively to determine whether joint research misconduct proceedings will be conducted and, if so, which institution will lead those proceedings. The institution may also retain outside consultants with specialized expertise to assist with research misconduct proceedings.

The institution bears the burden of proof, by a preponderance of the evidence, for making a finding of research misconduct. Once a finding of research misconduct is made, the institution may take additional administrative or disciplinary actions beyond the scope of this policy. The institution may also take steps to manage published data or acknowledge that data may be unreliable. The institution cooperates fully with ORI and other federal agencies during any research misconduct proceeding or compliance review, including addressing additional allegations or correcting deficiencies in the institutional record. The institution assists with the administration and enforcement of any federal actions imposed on its institutional members. In cases where no finding of research misconduct is made, the institution makes reasonable and practical efforts, as requested and appropriate, to protect or restore the reputation of the respondent(s).

Privacy and Confidentiality

The institution makes a good faith effort to ensure the confidentiality of records and to protect the privacy of complainants, respondents and others during the conduct of research misconduct proceedings. The institutional Research Integrity Officer (RIO), other institutional officials, committee members, compliance staff, support staff and others involved in research misconduct proceedings are held to strict confidentiality standards. The identity of research participants and respondents, complainants, or witnesses is limited to those who require the information to conduct misconduct proceedings. Information obtained during the research misconduct proceeding that might identify such individuals is maintained securely and confidentially until a finding of research misconduct is made. The institution maintains records and evidence relied upon during a misconduct investigation in a secure manner and follows the applicable laws, regulations and institutional policies regarding the confidentiality of personnel and related records.

Research Integrity Officer

The RIO is appointed by the Commissioner of Health. The RIO has sufficient institutional authority and independence and the scientific expertise to assess misconduct allegations for falsification, fabrication, and plagiarism. The RIO has the primary responsibility for administrating the procedures under this policy, including assessment of allegations, oversight of inquiries and investigations, and reporting and recordkeeping. The RIO may direct misconduct proceedings, delegate responsibilities to other staff, appoint committees, or retain consultants as needed. The RIO is responsible for ensuring that individuals responsible for misconduct proceedings are free from bias or conflicts of interest with complainants, respondents, witnesses or the activities under investigation. The RIO is assisted by the Office for Research Ethics (ORE).

Director for Research Ethics and Integrity

The Director for Research Ethics and Integrity (Director) serves as the regulatory and policy advisor to the RIO and assists the RIO with implementing procedures under this policy. The Director is responsible for developing and maintaining this policy and accompanying procedures in compliance with the PHS and/or other applicable federal regulations.

Inquiry and Investigation Committee Members

Individuals selected to conduct inquiries and investigations are selected for their scientific expertise. The RIO screens those individuals for personal, professional, or financial conflicts of interest with the respondent, complainant, potential witnesses and others involved in the proceedings. Individuals with conflicts that cannot be managed or mitigated are not selected.

Deciding Official

The institutional Deciding Official makes final determinations on allegations of research misconduct and any administrative actions required. The Commissioner of Health or their designee serves as the Deciding Official. The Deciding Official is not the same individual who serves as the RIO.

Certifying Official

The Certifying Official is signatory to the institution's research integrity assurance, which affirms that the institution has and complies with written policies and procedures for addressing allegations of research misconduct. The Certifying Official also ensures the submission of an annual research misconduct report to ORI and certifies its content.

Overview of Research Misconduct Proceedings

Allegations of misconduct may be submitted to the RIO orally or in writing, either directly from a complainant or through another individual. Allegations may be screened by the Director before being forwarded to the RIO with any recommendations. Upon receiving an allegation of misconduct, the RIO or their designee conducts a preliminary assessment to determine whether the allegation is credible and specific, involves federally supported activities, and appears to involve research misconduct. The assessment is limited to review of information that is relevant to the allegation and readily accessible to the RIO.

When the RIO's assessment indicates that further action is warranted, the RIO initiates an inquiry. Research misconduct findings are not made at the inquiry stage, as the purpose of an inquiry is to determine whether an investigation is appropriate. The RIO may perform the inquiry, may delegate responsibilities to other institutional officials or to a committee, and may request assistance from additional subject matter experts or consultants. The inquiry may involve sequestering and reviewing research records or other evidence and may involve interviews but does not require a review of all potential evidence. If the inquiry report concludes that the allegation is substantiated and appears to involve research misconduct, the RIO prepares for an investigation.

As with an inquiry, investigations may involve sequestering research records and evidence and conducting interviews, and the RIO may delegate responsibilities and enlist subject matter experts or consultants. The institution has the burden of proof for making a finding of research misconduct, and the finding must be based on a preponderance of the evidence. A respondent's

knowing or intentional destruction or withholding of requested research records constitutes evidence of research misconduct. The institution gives due consideration to credible evidence of honest error or difference of opinion presented by the respondent. However, the respondent has the burden of proving, by a preponderance of the evidence, any affirmative defenses raised. The investigation concludes with a report documenting whether a finding of research misconduct is made. The Deciding Official makes the final determination regarding the research misconduct findings, and the institution transmits institutional record to ORI.

NOTIFYING ORI OF SPECIAL CIRCUMSTANCES

During the conduct of research misconduct proceedings, if it believes that any of the following conditions exist, the institution immediately notifies ORI.

- The health or safety of the public is at risk.
- There is an immediate need to protect research subjects.
- HHS resources or interests are threatened.
- Research activities should be suspended.
- There is reasonable indication of possible violations of civil or criminal law.
- Federal action is required to protect the interests of those involved in the research misconduct proceeding.
- HHS may need to take appropriate steps to safeguard evidence and protect the rights of those involved.

PROCEDURES:

Who	What
Research Integrity Officer	1. Assesses allegations of research misconduct 2. Oversees research misconduct proceedings
Director for Research Ethics and Integrity	1. Serves as regulatory/policy advisor to RIO 2. Authors and maintains this policy
Committee Members	1. Conduct inquiries and investigations
Deciding Official	1. Makes final determination of research misconduct
Certifying Official	1. Signatory for Research Integrity Assurance

2. Certifies annual research misconduct report to ORI

PROCEDURE: ASSESSMENT OF ALLEGATIONS

Purpose: An assessment's purpose is to determine whether an allegation warrants an inquiry.

1. Upon receiving an allegation of research misconduct, the RIO or their designee promptly performs an assessment to determine if the allegation meets all requirements for initiating an inquiry:
    - Involves federally supported activities covered by this policy; and
    - Appears to involve research misconduct, which includes fabrication, falsification, or plagiarism; and
    - Is sufficiently credible and specific so that potential evidence of research misconduct may be identified.
2. If the RIO determines that the requirements for an inquiry are met, the RIO documents the assessment, promptly sequesters research records and other evidence, and initiates an inquiry.
3. If the RIO determines that requirements for an inquiry are not met, the RIO maintains detailed documentation of the assessment, including the reason(s) the institution did not conduct an inquiry, and retains such documentation as part of institutional record.

PROCEDURE: SEQUESTRATION OF RESEARCH RECORDS AND EVIDENCE

1. The institution may gather research records and other evidence at the assessment, inquiry, and/or investigation stages of a research misconduct proceeding. The sequestration process may include suspending or limiting access to institutional email, network services, and/or applications.
2. Whenever possible, the institution initiates sequestration procedures before it notifies the respondent of the misconduct allegation(s) to minimize opportunities for disposal or destruction of records and other evidence.
3. The institution may sequester additional items as they become relevant to an assessment, inquiry or investigation.
4. The institution creates an inventory of the research records and evidence and maintains the inventory in a secure and confidential manner. Access is limited to those who responsible for research misconduct proceedings.
5. When the RIO deems it appropriate, the institution gives the respondent copies of, or reasonable supervised access to, the sequestered research records.

PROCEDURE: INQUIRY PROCEEDINGS

Purpose: The purpose of an inquiry is to review the preliminary evidence to determine whether an allegation warrants an investigation. An inquiry does not require a full review of evidence. Findings of research misconduct are not made at the inquiry stage.

1. Prior to initiation, the institution provides written notification to the respondent(s) regarding the intention to open an inquiry.
2. If the inquiry subsequently identifies additional respondents and/or new allegations relevant to any respondent, the institution notifies each respondent with the relevant details. The institution may, but is not required to, conduct a separate inquiry for each respondent.
3. The RIO may perform the inquiry on behalf of the institution, may delegate responsibilities to other institutional officials or to a committee, and/or may request assistance from subject matter experts.
4. The institution may conduct interviews with complainant and/or others with knowledge relevant to the allegations.
5. Within 90 days of initiation, the institution completes the inquiry unless extenuating circumstance necessitate a longer period.
6. At the conclusion of the inquiry, the institution prepares a written report stating whether an investigation is warranted and the reasons, noting any potential honest errors or difference of opinion.
7. The institution notifies the respondent of the inquiry results, referring to the PHS regulation and this policy, and provides a copy of the inquiry report. The respondent may submit written comments on the inquiry report.
8. The institution is not required to request comment from or notify complainant regarding the inquiry results. However, if the institution chooses to notify any complainant, it must make a good faith effort to notify all of them.
9. Within 30 days of determining that an investigation is warranted, but prior to its initiation, the institution notifies ORI of the decision to begin an investigation and provides the inquiry report.
10. The inquiry report contains:
    - The name, professional aliases, and position of the respondent(s) and complainant(s);
    - A description of the allegations of research misconduct;
    - Details of the PHS support (e.g., grant numbers, grant applications, contracts and publications referencing PHS support);
    - The composition of the inquiry committee, if used, including name(s), position(s), and subject matter expertise;
    - Inventory of sequestered research records and other evidence and description of how sequestration was conducted;
    - Transcripts of any transcribed interviews;
    - Timeline and procedural history;
    - Any scientific or forensic analyses conducted;
    - The basis for recommending that the allegation(s) warrant an investigation or a detailed explanation of why an investigation is not warranted;

- For research misconduct that appears subject to the subsequent use exception, reference to the material representing alleged misconduct and a determination indicating that the subsequent use exception does or does not apply.
- Any comments on the report by the respondent or the complainant;
- Any institutional actions taken, including communications with journals or funding agencies; and
- If the inquiry took longer than 90 days to complete, the reason(s) for the delay.

11. Upon request, the institution must provide ORI with the institutional policies and procedures under which the inquiry was conducted, the research records and other evidence reviewed, and copies of relevant documents.

PROCEDURE: INTERVIEWS

1. The institution interviews each respondent, complainant, or other reasonably available person who may have information relevant to the research misconduct proceedings, including any witnesses identified by the respondent.

2. Any exhibits shown to the interviewee during the interview are numbered and referenced by number during the interview.

3. The interviews are recorded and transcribed. The interview transcripts are provided to each interviewee for any corrections.

4. The investigation proceedings are thoroughly and sufficiently documented and include examination of the relevant records and evidence used to reach a decision on the merits of the allegations.

5. The transcript(s) with any corrections and numbered exhibits are included in institutional record of the investigation.

6. The respondent is not present during the witnesses' interviews but is provided a copy of the interview transcripts, with redactions to maintain interviewee confidentiality, as part of the draft investigation report.

PROCEDURE: INVESTIGATION PROCEEDINGS

Purpose: The purpose of the investigation is to review evidence and determine whether research misconduct has occurred. The committee members that conducted the inquiry may also conduct the investigation.

1. The institution notifies the respondent of its intention to conduct an investigation within 30 days of determining whether an investigation is warranted.

2. The institution sequesters research records and other evidence as needed to support the investigation and pursues all relevant leads and/or evidence, including any additional instances of potential misconduct or additional respondents.

3. The institution provides written notice to respondents regarding new allegations and/or initial notification to any new respondents identified during the investigation. The institution may, but is not required to, conduct a separate inquiry or investigation for each respondent.

4. The institution ensures a fair investigation by taking reasonable steps to ensure an impartial and unbiased investigation to the maximum extent practicable, including participation of persons with appropriate scientific expertise who do not have unresolved personal, professional, or financial conflicts of interest relevant to the investigation.
5. The institution ensures that the investigation is thorough and sufficiently documented and includes examination of all research records and other evidence relevant to reaching a decision on the merits of the allegation(s).
6. The investigation concludes once a determination regarding research misconduct is made. When there are multiple respondents, each is given a separate determination.
7. Within 140 days of the investigation's initiation, the institution gives the respondent a copy of the draft investigation report and access to the research records and other supporting evidence if requested. When there are multiple respondents, the institution prepares an investigation report for each respondent.
8. Within 170 days of investigation initiation, the respondent submits any comments on the draft report.
9. The institution adds any responses to the respondent comments and then forwards the final report to the Deciding Official.
10. The Deciding Official makes a final written determination stating whether the institution found research misconduct and, if so, who committed the misconduct along with a description of relevant institutional actions taken or planned.
11. Within 180 days of the investigation's initiation, the institution transmits the institutional record and final report to ORI. If the investigation requires more than 180 days to complete, the institution submits a written extension request to ORI that includes the reasons.

PROCEDURE: INVESTIGATION REPORT

The final investigation report for each respondent must be logically organized and include:

1. Description of the nature of the allegation(s) of research misconduct, including any additional allegation(s) addressed during the research misconduct proceeding.
2. Description and documentation of the PHS support, including, for example, any grant numbers, grant applications, contracts, and publications listing PHS support.
3. Description of the specific allegation(s) of research misconduct for consideration in the investigation of the respondent.
4. Composition of investigation committee, including name(s), position(s), and subject matter expertise.
5. Inventory of sequestered research records and other evidence, except records the institution did not consider or rely on, and a description of how any sequestration was conducted during the investigation. This inventory must include manuscripts and funding proposals that were considered or relied on during the investigation.

6. Transcripts of all interviews conducted during the investigation.
7. Identification of the specific published papers, manuscripts submitted but not accepted for publication (including online publication), PHS funding applications, progress reports, presentations, posters, or other research records that allegedly contained the falsified, fabricated, or plagiarized material.
8. Any scientific or forensic analyses conducted.
9. If not already provided to ORI, institutional policies and procedures under which the investigation was conducted.
10. Any comments made by the respondent and complainant on the draft investigation report and the investigation committee's consideration of those comments.
11. A statement for each separate allegation of whether the investigation committee recommends a finding of research misconduct.
12. If the investigation committee recommends a finding of research misconduct for an allegation, the investigation report must, for that allegation:
    a) Identify the individual(s) who committed the research misconduct.
    b) Indicate whether the research misconduct was falsification, fabrication, and/or plagiarism.
    c) Indicate whether the research misconduct was committed intentionally, knowingly, or recklessly.
    d) State whether the other requirements for a finding of research misconduct, as described in § 93.103, have been met.
    e) Summarize the facts and the analysis which support the conclusion and consider the merits of any explanation by the respondent.
    f) Identify the specific PHS support.
    g) Identify whether any publications need correction or retraction.
13. If the investigation committee does not recommend a finding of research misconduct for an allegation, the investigation report must provide a detailed rationale.
14. For research misconduct where the institution considered but did not find a subsequent use exception, a determination that the subsequent use exception does not apply.
15. A list of any current support or known applications or proposals for support that the respondent has pending with PHS and non-PHS Federal agencies.
16. If the investigation took longer than 180 days to complete, the reasons.
17. The Deciding Official’s written determination is appended to the final report.

PROCEDURE: INSTITUTIONAL AND ADMINISTRATIVE APPEALS

1. Once the Deciding Official makes a written determination of research misconduct, the respondent has 30 days to submit a written appeal.
2. Appeals are limited to consideration of procedural errors, which the respondent must substantiate through documentation of the alleged error(s) and reference to the relevant section of the PHS regulation or institutional policy or procedure.
3. If a respondent appeals an institution's finding(s) of research misconduct or institutional actions, the institution promptly notifies ORI.
4. The institution ensures that the complete record of the appeal is included in institutional record.
5. If the institution has not transmitted its institutional record to ORI prior to an appeal, DOH waits until the appeal is concluded to transmit its institutional record to ORI.
6. If the institution transmits its institutional record to ORI prior to an appeal, the institution provides ORI with a complete record once the appeal is concluded.

PROCEDURE: RECORDS RETENTION AND DISPOSITION

1. The institution securely maintains institutional record and all sequestered evidence and physical objects for seven years after completion of the misconduct proceedings or the completion of any federal oversight proceedings, whichever is later, unless custody is transferred to HHS.
2. The institutional record comprises all information compiled, generated, and/or relied upon during any research misconduct proceeding, including:
    - Documentation of the assessment
    - The inquiry and investigation reports
    - All records considered or relied upon, including research records, interview transcripts, information provided by the respondent, and documentation of any decision not to investigate.
    - Decision(s) by the institutional Deciding Official.
    - The complete record of any institutional appeal.
    - A single index listing of the research records and evidence that the institution considered or relied upon during the research misconduct proceedings.
    - A general description of the research records and evidence that were sequestered but not considered or relied upon during the research misconduct proceedings.
3. Upon a request by HHS, the institution transfers custody or provides copies of institutional record and/or any sequestered evidence to ORI.

PROCEDURE: RESPONDENT ADMISSION OF RESEARCH MISCONDUCT

1. The institution notifies ORI when it plans to close a research misconduct proceeding at the assessment, inquiry, investigation, or appeal stage because the respondent has admitted to committing research misconduct or when a settlement with the respondent has been reached.

2. The respondent must confirm the research misconduct in a written and signed statement that specifies the falsification, fabrication, and/or plagiarism that occurred and the research records that were affected.
3. The institution provides a statement to ORI describing how it determined that the scope of the misconduct was fully addressed by the admission and confirmed the respondent's culpability.
4. Once the closure notification is made, the institution awaits further direction from ORI.