

FOR VIEWING PURPOSES ONLY
APPLICATION MUST BE SUBMITTED
ELECTRONICALLY VIA THE
HEALTH PROVIDER NETWORK (HPN)

Empire Clinical Research Investigator Program

Year: Facility:

Please include one principal contact for ALL projects submitted by your institution.

Name	<input type="text"/>
Address	<input type="text"/>
Phone	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>
I certify that this institution has read and agrees to abide by the requirements of the program.	<input type="checkbox"/>
Describe the process to track the career and development of participating physician researcher(s) in the program.	<input type="text"/>

Empire Clinical Research Investigator Program

Year:

Project Number: 1

GME Consortium

1.) Research Topic

2.) Project Title

Is this project associated with another project?

Project Title:

Institution:

Project Number:

This is not a previously funded
ECRIP project.

3.) Project Director

4.) Sponsor/Mentor of Clinical Researcher

A.)

First Name:

M.I.:

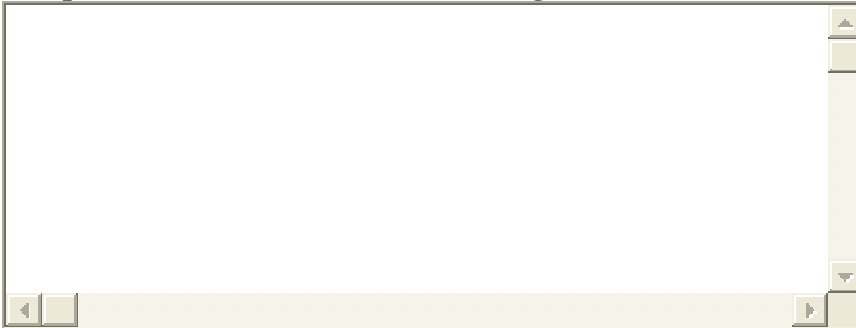
Last Name:

Phone Number:

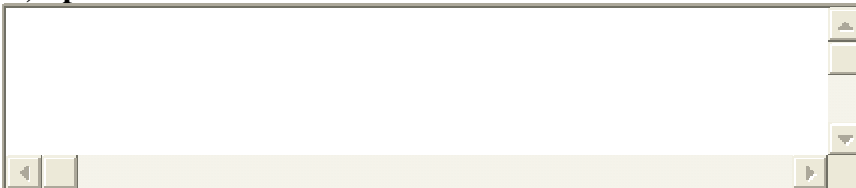
E-Mail Address:

B.) I have read and understand the [instructions](#).

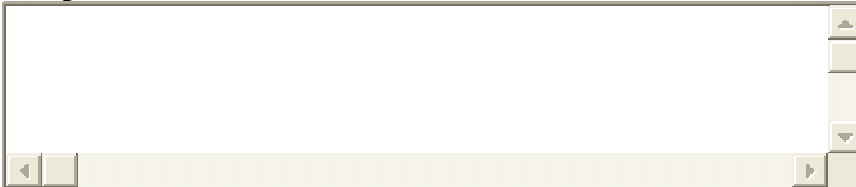
5.) Sponsor/Mentor Education/Training

An empty text input field with a light beige background and a thin black border. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with small square handles.

6.) Sponsor/Mentor Positions and Honors

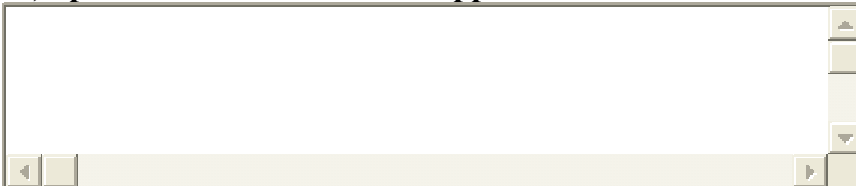
An empty text input field with a light beige background and a thin black border. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with small square handles.

7.) Sponsor/Mentor Selected Peer-Reviewed Publications (in chronological order)

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8.)

A.) Sponsor/Mentor Research Support

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B.) Sponsor/Mentor Experience in Mentoring

9.) Sponsor/Mentor (check all that apply)

- A. is employed or contracted for employment with your hospital or paid through its affiliated faculty practice plan.

Name of Institution

- B. maintains a faculty appointment at a medical school located in New York State.

Name of Institution

- C. is collaborating with researchers at another institution.

Name of Institution

10.) Primary Location of Researcher

Name of Institution and Address

11.) Clinical Department

12.) Type of Clinical Research (select one)

- Patient-Oriented Research
- Epidemiologic
- Behavioral Studies
- Outcomes Research
- Health Services Research
- Translational

13.) Goals and Objectives for the Researcher

An empty rectangular text box with a light beige background. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with standard arrow and track icons.

14.) Project Background

An empty rectangular text box with a light beige background. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with standard arrow and track icons.

15.) Project Summary and Objective(s)

An empty rectangular text box with a light beige background. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with standard arrow and track icons.

16.) Describe Data and Methodology

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17.) Project Expected Measurable Outcomes

An empty rectangular text box with a light beige background. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with standard arrow and track icons.

18.) Timeline of Researcher Tasks and Responsibilities

An empty rectangular text box with a light beige background. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with standard arrow and track icons.

19.) Potential Journals for Publication of Research Project

An empty rectangular text area with a light beige background. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom. The scrollbars have small triangular arrows and square buttons.

20.) Potential Scientific Meetings for Presentation of Research Project

An empty rectangular text area with a light beige background. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom. The scrollbars have small triangular arrows and square buttons.

21.) Significance of Research to the Health of New Yorkers

An empty rectangular text area with a light beige background. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom. The scrollbars have small triangular arrows and square buttons.

22.) Projected Budget:

When you are finished with this form, please return to the **ECRIP Menu Page** and click on the **Projected Budget - 01 link** to complete this application.

23.) Qualifications Required for the Research Position

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24.) Formalized Instruction

An empty rectangular text area with a light beige background. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom. The scrollbars have small triangular arrows and square buttons.

25.) Describe Recruitment Strategy

An empty rectangular text area with a light beige background. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom. The scrollbars have small triangular arrows and square buttons.

Prospective Project Reviewers

Reviewer #1:

Name

Address

Phone

Fax

Email

Specialty

Clinical Department

Institutional Affiliation(s)

Reviewer #2:

Name

Address

Phone

Fax

Email

Specialty

Clinical Department

Institutional Affiliation(s)

Empire Clinical Research Investigator Program

Opcert:
Hospital:
Project 1 Itemized Budget

A.) Number of Years requesting funding for:

Update

B.) State Funds

	Year 1	Year 2	
Salary	<input type="text"/>	<input type="text"/>	
Fringe	<input type="text"/>	<input type="text"/>	
Total	0 + 0		= 0

Calculate

	Year 1	Year 2	% of Effort
Additional Salary	<input type="text"/>	<input type="text"/>	
Additional Fringe	<input type="text"/>	<input type="text"/>	
Supplies/Equipment	<input type="text"/>	<input type="text"/>	
Travel	<input type="text"/>	<input type="text"/>	
Overhead	<input type="text"/>	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>	
Supervision	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	0 + 0		= 0

Calculate

Save

Format for Print

Done