

**Empire Clinical Research Investigator Program (ECRIP)**

**Mid Course Summary**

<b>Program Information</b>
Project Number (assigned by DOH):
Hospital:
Hospital Operating Certificate Number:
Hospital Principal Contact: Address: Phone Number: Fax Number: E-mail:
Project Title: Sponsor/Mentor: Address: Phone Number: Fax Number: E-mail:
Name of ECRIP Researcher: Start Date: Number of Hours per Week in Research Position:

**Please respond to the questions below in no more than 3 pages, double-spaced at 12 point font size. Responses must pertain only to the ECRIP funded project.**

- 1.) Describe researcher's involvement in activities designed to increase research skills, including:
  - formal course work
  - informal instruction in specific research skills
  - scientific seminars and meetings
  - training in the responsible conduct of research
  - visits to other laboratories
- 2.) Describe researcher's involvement in activities other than research and research training. Indicate the percent of time spent in each activity and the relationship to the researcher's career development in clinical research. Activities such as:
  - teaching
  - clinical care
  - professional consultation
  - service to advisory groups
  - administrative activities
- 3.) Project status - is it on target, any setbacks.
- 4.) Researcher's progress toward meeting goals and objectives.
  - accomplishments
  - significant new training content
  - omission of training content
- 5.) Changes in original project submission or start-up report.
- 6.) Changes in researcher tasks.
- 7.) Sponsor/Mentor must prepare a concise statement of the researcher's progress and performance in terms of development into an independent investigator.