

**New York State Department of Health
Office of Primary Care and Health Systems Management**

**Empire Clinical Research Investigator Program
(ECRIP) Fellow Start-Up Report**

- 1) Today's Date
- 2) Name of Teaching Hospital
- 3) Operating Certificate Number
- 4) ECRIP project title
- 5) ECRIP project year started
- 6) Name of Sponsor/Mentor
- 7) Sponsor/Mentor email address
- 8) Expected start date of ECRIP fellow
- 9) Name of primary work Location
- 10) Name of ECRIP Fellow
- 11) Email address
- 12) Telephone #
- 13) Current Address

- 14) How long at this address

- 15) What is their permanent address
- 16) U.S. Citizen? Y/N
- 17) If not a U.S. Citizen – please specify (i.e. Canadian Citizen, U.S. National, Permanent Resident

- 18) Gender
- 19) Age
- 20) Race / Ethnicity (optional)
- 21) Is the applicant going to work on the ECRIP grant Full-Time of at least 35 hrs.? Y/N
- 22) Will the applicant perform clinical duties at the same time as the ECRIP grant? Y/N

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- 23) Type of Medical Education
- 24) Name of Medical school attended
- 25) Medical School Address
- 26) Dates attended
- 27) Medical school graduation date
- 28) Currently enrolled in a residency program? Y/N
- 29) Name of Institution where completed or completing residency
- 30) Institution's address where completed or completing residency
- 31) Including the internship, how many years of residency have been completed
- 32) Please provide dates for each year of residency completed (use NA if non-applicable)
- | | |
|-------|----|
| PG1 - | to |
| PG2- | to |
| PG3 – | to |
- Additional Residency years (list dates) -
- 33) Name of specialty
- 34) Completed Residency program? Y/N
- 35) Date of completion of Residency program
- 36) Name of Institution if completing or has completed a Fellowship (non-ECRIP)
- 37) How many years of Fellowship completed
- 38) Please provide dates for each year of Fellowship completed: (use NA if non-applicable)
- | |
|---------------------|
| Fellowship year 1 - |
| Fellowship year 2 - |
- Additional Fellowship years (list dates) -

Other Employment

- 39) Junior Faculty? Y / N
- 40) When did the applicant become a faculty member? (use NA if non-applicable)
- 41) Current employment if not a resident, fellow, or faculty member

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- 42) How many years of research experience?
- 43) Date last updated the NYS Physician Profile
- 44) Additional information about this candidate