

Empire Clinical Research Investigator Program Clinical Researcher Tracking Survey

Researcher Name:

Address:

Phone:

Email:

Fax:

ECRIP Project Title:

Name of Institution:

Dates of Research:

Sponsor/Mentor:

Address:

Phone:

Email:

Fax:

Background Information

Please check the box by the response, or fill in where appropriate.

Gender:

Male

Female

Age:

24-29

30-34

35-39

40-44

45-49

50-54

55 and up

Citizenship Status:

U.S. Citizen

U.S. National

Permanent Resident

Race/Ethnicity (optional):

Native American/Alaskan Native

- Asian or Pacific Islander
- Black/African American (Not Hispanic)
- Hispanic/Latino
- White (Not Hispanic/Latino)
- Other

Type of Medical Education:

- Allopathic (M.D.)
- Osteopathic (D.O.)

Medical School:

- New York State (If so, please indicate below)
- Other U.S. (specify)
- Other Country (specify)

If in NYS, specify:

- Albany Medical College
- Albert Einstein College of Medicine
- Columbia University College of Physicians and Surgeons
- Mt. Sinai School of Medicine
- New York College of Osteopathic Medicine
- New York Medical College (Valhalla)
- New York University
- SUNY at Brooklyn
- SUNY at Buffalo
- SUNY at Stony Brook
- SUNY at Syracuse
- University of Rochester
- Weill Medical College of Cornell University

Please indicate the researcher's current and past employment (academia, private industry, research, medical practice, or other), along with dates and job duties.

Employment	Dates	Job Duties
	to	
	to	

Research support received:

Funding Entity	Project Name	Research Role (co-investigator, principal)	Field of Study	Population (rural, urban, special, other)	Amount of Funding	Dates
						to
						to
						to
						to
						to
						to
						to