



## Project ECHO® (Extension for Community Healthcare Outcomes)

**i** Please complete this application and submit to [echoreplication@salud.unm.edu](mailto:echoreplication@salud.unm.edu). An ECHO representative will get back to you in 3 -5 business days.

# ECHO HUB LAUNCH READINESS ASSESSMENT

Organization Name: \_\_\_\_\_

Contact Name (first and last): \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

How did you learn about ECHO? \_\_\_\_\_

Have you been in contact with any ECHO Institute staff? If so, who? \_\_\_\_\_

## Pre-Assessment Checklist

**i** Before you begin your assessment, please complete the checklist below.

- Attend a monthly Introduction call  
(<https://echo.unm.edu/join-the-movement/outreach-training/#Introduction>)
- Review the What You Need to Know About ECHO page on our website  
(<https://echo.unm.edu/need-to-know/>)
- Review the Launch Readiness Assessment Guide  
(<https://echo.unm.edu/wp-content/uploads/2019/02/Launch-Readiness-Assessment-Guide-Final.pdf>)



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### Launch Readiness Assessment

Please answer each question as fully as possible. Do not exceed 500 words for each question.

- 1** *Please briefly describe your organization (include the type, size, and mission of your organization at a minimum).*

- 2** *How do you plan to use ECHO to address an issue/solve a problem in your community? Who will your ECHO learners (“spokes”) be?*

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- 3** *Do you have funding to support your anticipated ECHO project? If not, what resources do you have available to support your ECHO efforts?*

- 4** *Do you have your ECHO team identified (typical roles include an ECHO Lead, Clinic Coordinator, Program Manager, IT Support, and Subject Matter Expert; please note, these titles refer to roles, not individuals, so there may be overlap)?*



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**5** *When are you hoping to launch your ECHO project(s)?*

**6** *Do you have any questions for us? Anything else you'd like us to know?*