**NAME:**       **CTFN No.:**

**DATE COMPLETED: MONTH**:       **YEAR**:

**Note:** Cells will expand as you type. You can use Tab to move cursor.

For check box, place cursor over box then left click or spacebar to check/uncheck.

|  |
| --- |
| **Name or Title of QI Project**       |
| **State the problem or issues which led to the QI project**      |
| **State the QI project aim**       |
| **Describe the key measures for the project (outcome, process, balancing)**      |
| **What was your role in the charter development?**       |

|  |  |
| --- | --- |
| Manager’s/Researcher’s Name: (print) | Manager’s /Researcher’s Signature:  |
| Position: |  |
| OR ANOTHER CDE MAY SIGN ONLY IF A MANAGER/RESEARCHER IS UNAVAILABLE TO SIGN |
| CTFN No.: | Name:(print) | Signature: |