**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: |