**NAME:**       **CTFN No.:**

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

**NOTE**: The information provided should not exceed two pages. Cell will expand as you type

|  |
| --- |
| **Name of Quality Improvement Project**      |
| **What was the project aim (from charter)?**       |
| **Describe the major Plan/Do/Study/Act cycles in the project**       |
| **What were the major results for the measures in the project charter?**       |
| **What was your role in the QI program?**       |

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