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