**Form 5F: Involvement in Quality Improvement Project – Implementation**

# Credit Value 15 Credits per Project implemented Issued: 2019

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| **NAME:** Name | **CTFNno:** CTFNno. |

**DATE COMPLETED:** Click or tap to enter a date.

**NOTE**: The information provided should not exceed two pages.

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| **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?***Outcome:* *Process:* *Balancing:*  |
| **What was your role in the QI program?**      |

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| --- | --- | --- |
| Manager’s/Researcher’s Name: (print)Manager’s Name. | Manager’s/ Researcher’s Signature: | Date:Date. |
| Phone #Phone #: | Email:Email. | CFTNno. (signing CDE® only)CTFNno  |

Another CDE® may sign **only** if the Manager/ Researcher’s is unavailable to sign. Signing CDE® must also indicate their CFTNno