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| Click here to enter text. |

**Organization Name**

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| Click here to enter text. |

**Project Title**

**Primary contact information (name, title, e-mail, phone, address)**

|  |
| --- |
| Name  |
| Title  |
| Address  |
|  Email  | Phone |

**Information Technology contact information (name, title, e-mail, phone, address)**

|  |
| --- |
| Name  |
| Title  |
| Address  |
|  Email  | Phone |

**PHYSICIAN CHAMPION contact information (name, title, e-mail, phone, address)**

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| --- |
| Name  |
| Title  |
| Address  |
|  Email  | Phone |

**Quality improvement contact information (name, title, e-mail, phone, address)**

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| --- |
| Name  |
| Title  |
| Address  |
|  Email  | Phone |

**Sponsor CONTACT INFORMATIoN** **(CEO, medical director, department head)**

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| --- |
| Name  |
| Title  |
| Address   |
|  Email  | Phone |

**Sponsor’s Signature**

|  |
| --- |
| Sign here. |
| **Date signed:** |