

QUALITY IMPROVEMENT PROJECT ASSESSMENT FORM

Please provide answers in the space below. If more space is needed please provide additional sheets.

Name of Principal Investigator: _____

Date: _____

What is the name of the project you would like resident participation for?

What is the goal of the project?

Please explain the educational value this brings to the resident:

What is the time commitment required of the resident(s)? Please include total projected duration and expected hours per week.

Is this project part of a grant? If so, are there funds allocated for the resident's time and effort?

☐ Need the following info:

☐ Approved

☐ Denied

Program Director/APD Signature

Date