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|--|--------------------------|-----------|
| Name & Credentials   |                          |           |
| Work Email & Ext.  |                          |           |
| Personal Email   |                          |           |
| Mobile Phone   |                          |           |
| Department   |                          |           |
| Director/Administrator name,<br>phone and email  |                          |           |
| Academic Institution   |                          |           |
| Degree Program   | <input type="checkbox"/> |           |
| Study/Project type program allows  | <input type="checkbox"/> |           |
| Is there a LEAN component?   | <input type="checkbox"/> |           |
| Project Time Frame   | Start Date:              | End Date: |
| PICO Question  |                          |           |
| Provide a summary of the study or project including the background and supporting evidence |                          |           |
| How will CVMC and/or its patients benefit?   |                          |           |
| Describe human and/or financial resources required   |                          |           |
| Signature  |                          |           |