**QIPS Day Proposal Submission Form** UT College of Medicine Chattanooga  
960 East Third St., Suite 100  
Chattanooga, TN 37403  
Phone: 423-778-6956  
Fax: 423-778-3673

Please use this form to submit your PROPOSAL. You will need to:

1. Complete the form.
2. Select “SAVE AS” under “File” to save a copy of the form as your name & short title.
3. Obtain department signature(s) on hard copy of completed form.
4. Submit hard copy to Chair/Program Director.
5. Department will scan hard copy & email attachment to [QIPS@erlanger.org](mailto:QIPS@erlanger.org)
6. The QIPS Review Team will review & select.

QIPS@erlanger.org  
[www.uthsc.edu/comc/quality](http://www.uthsc.edu/comc/quality)

**PROJECT TITLE**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IRB TRACKING NUMBER:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE OF IRB APPROVAL:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **IRB EXEMPT (Y/N):**\_\_\_\_\_\_\_\_\_\_

**\*\*IF YOU INTEND TO USE THIS CONTENT FOR AN EXTERNAL PRESENTATION, IRB APPROVAL IS REQUIRED.\*\***

\*Please add or delete rows as needed below.

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| --- | --- | --- | --- |
| **PARTICIPANT NAME** | **PARTICIPANT CREDENTIALS** | **PARTICIPANT ROLE** | **DEPARTMENT** |
|  |  | Choose an item. |  |
|  |  | Choose an item. |  |
|  |  | Choose an item. |  |

**ATTACH A COMPLETED IHI CHARTER TEMPLATE AND A PDSA CYCLE/CURRENT PROGRESS SUMMARY FOR YOUR PROJECT. THE CHARTER TEMPLATE SHOULD INCLUDE:**

* Your project title
* Team information
* AIM statement
* Current process

**IF YOU USED A QIPS COACH OR PROCESS IMPROVEMENT SPECIALIST, PLEASE ENTER NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE PROVIDE APPROVAL/SIGNATURE OF ALL INVOLVED DEPARTMENT CHAIRS BELOW ON HARD COPY OF FORM.**

**PRIMARY PRESENTER SIGNATURE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEPARTMENT CHAIR/**

**REPRESENTATIVE APPROVAL SIGNATURE:­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEPARTMENT CHAIR/**

**REPRESENTATIVE APPROVAL SIGNATURE:­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_