

Project Intake Form

Please download, complete all sections and email to: TIPS@MDAnderson.org

Page of

Date

Name (First Last)

E-mail Address

Phone Number

Department

Identify Subject Matter Expert(s)

Project Concept/Vision, Goals

Targeted Audience(s): *(check all that apply)*

- | | | | |
|--|--|--|-----------------------------------|
| <input type="checkbox"/> Clinical Faculty | <input type="checkbox"/> Residents/Fellows | <input type="checkbox"/> Research Faculty | <input type="checkbox"/> External |
| <input type="checkbox"/> Adv. Practice Providers | <input type="checkbox"/> Clinical Staff | <input type="checkbox"/> Graduate/Post Doc | <input type="checkbox"/> Other |
| <input type="checkbox"/> Nursing Faculty/Staff | <input type="checkbox"/> Administrative/Facilities | <input type="checkbox"/> Research Staff | |

Estimated Number of Participants/End Users

Estimated % of External Participants/End Users

Behaviors

Outcomes

Desired Educational Credit/Outcomes: *(check all that apply)*

- | | | |
|---|--|---|
| <input type="checkbox"/> InterProfessional Training | <input type="checkbox"/> Educational Product/Materials | <input type="checkbox"/> Simulation Event |
| <input type="checkbox"/> Continuing Education Credits | <input type="checkbox"/> Assessment | <input type="checkbox"/> Skills Improvement |
| <input type="checkbox"/> Process Improvement | <input type="checkbox"/> Evaluation | <input type="checkbox"/> Other |

Project Impact

Requested Time-line:

Content- Do You have Current Content or Are You Adapting Existing Content ?

(What is the current development status of the project)?

Project Intake Form

Please download, complete all sections and
email to: TIPS@MDAnderson.org

Page of

Date

**Identify Departmental
Facilitator(s)/Administrative
Support**

Venue:

- | | | |
|---|---|--|
| <input type="checkbox"/> SIM Center | <input type="checkbox"/> MDA Institutional Environments | <input type="checkbox"/> Conference |
| <input type="checkbox"/> In Situ- (Clinical Environments) | <input type="checkbox"/> Computer/Video | <input type="checkbox"/> External Environments |

Do you have Funding and/or Support:

- | | | |
|--|---|---|
| <input type="checkbox"/> Institutional Sponsor | <input type="checkbox"/> Grant/Funding Source | <input type="checkbox"/> Vendor Support |
| <input type="checkbox"/> Other | | |

Notes: