



WORK PROJECT
Examples such as Product Evaluation
/ Education packages etc.

NAME: _____

DESIGNATION: _____

DATE: ____ / ____ / ____

PROJECT SUMMARY (PLEASE INCLUDE RELEVANT DOCUMENTATION IF AVAILABLE, I.E. AGENDAS, MINUTES ETC):

EXPLAIN YOU INVOLVEMENT IN THE PROJECT:

WHAT WAS THE OUTRCOME OF THE PROJECT AND HOW DID IT IMPACT ON CLINICAL PRACTICE OR PATIENT OUTCOMES?

MANAGER OR PROJECT LEADER COMMENTS:

NAME:

SIGNATURE: