



CNS-CP Certification by Professional Portfolio

PROJECT PLAN

Applicant Name

Project Title

Date

<p>Goals</p> <ol style="list-style-type: none">1.2.3.
<p>Resource requirements</p>
<p>Timeline</p>

Milestone	Estimated completion date	Actual completion date
1.	1.	1.
2.	2.	2.
3.	3.	3.

Deliverables
(e.g., clinical pathway, patient care plan, policy/procedure, new service line, etc.)

Budget estimate	Totals
Personnel = Supplies = Equipment = Printing = Contractual services = Grants/funding = Other =	

Identification of risks/unanticipated consequences

Regulatory standards/guidelines/best practices impacted by project
Tools/metrics <i>(Provide samples as evidence)</i>
Methods used to obtain system buy-in/leadership approval/support of stakeholders

Signature of Applicant

Date