Quality Improvement (QI) Project Proposal Administrative Approval Form

Dear Administrator:

The individual named below plans to submit a QI project proposal to the Association of Rehabilitation Nurses (ARN) Research Committee with the intent of securing a nursing research grant. The Research Committee has the responsibility of promoting and supporting initiatives that advance the science and practice of rehabilitation nursing.

The ARN Board of Directors requests your signature as an administrator of the institution or agency in which the Project Coordinator is employed. Your signature indicates that the conduction of this QI project by your employee, if granted ARN funding, is approved by your institution or agency. Thank you for your time and your support of this worthwhile study. Please return this form to the Project Coordinator, who will enclose it with other application materials.

Sincerely,



Gayle Irvin, MPH CAE
ARN Executive Director

### Name of Project Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Title of QI Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Name of institution or agency at which the Project Coordinator is employed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Signature of administrative office of the institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Title: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_