

Centers for Medicare & Medicaid Services <b>Standard Term Request Form</b>	Date of Request
---	-----------------

After completing this form, e-mail the request to [DataAdmin@cms.hhs.gov](mailto:DataAdmin@cms.hhs.gov)

**SECTION I – DATA ANALYST INFORMATION**

Central/Local DA Name				Date Required (mm/dd/yyyy)
Project Name (if applicable)	Project Acronym	Project Owner	Business Owner	Component/Group/Division

**SECTION II – STANDARD TERM INFORMATION**

TERM	(Check one) <input type="checkbox"/> New <input type="checkbox"/> Change			
	Proposed TERM		Proposed TERM Abbreviation <input type="checkbox"/> Acronym?	
	TERM Role: <input type="checkbox"/> Object Class Term <input type="checkbox"/> Qualifier Term <input type="checkbox"/> Property Term <input type="checkbox"/> Representation Class Term			
TERM DEFINITION				
EXAMPLE OF TERM USAGE				
DATA ANALYST JUSTIFICATION				

**SECTION III – DATA ARCHITECT / OVERSIGHT MANAGER APPROVAL:** By digitally signing this Form, I hereby approve the standard term as described above for entry in the CMS Standard Terms and Abbreviation List and authorize its appropriate use for data name composition.

Glossary Administrator (First and Last Name)	Date Completed (mm/dd/yyyy)
--	-----------------------------