

**Standard Term Request Form***After completing this form, e-mail the request to 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**

<b>TERM</b>	(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	
<b>TERM DEFINITION</b>		
<b>EXAMPLE OF TERM USAGE</b>		
<b>DATA ANALYST JUSTIFICATION</b>		

**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)
--	-----------------------------