| Centers for Medicare & Medicaid Services<br>**Standard Term Request Form** | Date of Request |
|---|---|

*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

| **TERM** | *(Check one)* ☐ New ☐ Change |
|---|---|
| | Proposed TERM        Proposed TERM Abbreviation<br>☑ Acronym? |
| | TERM Role: ☑ Object Class Term ☑ Qualifier Term ☑ Property Term ☑ 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)* |
|---|---|