

Standard Term Request Form*After completing this form, e-mail the request to DataAdmin@cms.hhs.gov*

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

TERM	<i>(Check one)</i> <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	
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EXAMPLE OF TERM USAGE	
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DATA ANALYST JUSTIFICATION	
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Glossary Administrator (First and Last Name)		Date Completed (mm/dd/yyyy)
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