

NetWorks Project Application

Step 1 of 6

Proposed Project Title:*

A. Contact Information

1. NetWork Name: *
2. Collaborating NetWorks (if any):
3. Project Chair/Leader: *
4. Phone Number: *
5. E-mail Address: *
6. Other Project Team Members:

Step 2 of 6

B. Project Description

1. Provide a brief background and definition of terms (if necessary for clarification):
2. Identify at least one reason why this project is of interest and importance to the members of ACCP: *
3. Has ACCP done any prior work in this area? *
 Yes No
If yes, what has been done and when?

4. Has any other organization done work in this area? Please do appropriate literature and Web searches to answer this question accurately. What has been done and when?*

5. Please list specific goals of this project:*

1.

2.

3.

6. Please list the potential measurable outcomes of this project:*

1.

2.

3.

7. Please list the initial action steps to begin this project:*

1.

2.

3.

Step 3 of 6

C. Project Type or Deliverable

Please select the appropriate category below:*

Consensus statements, literature reviews and/or formal meta-analysis may be proposed by NetWorks as projects. The development of evidence-based clinical practice guidelines falls solely under the formal oversight of the ACCP Health and Science Policy Committee. The ACCP's definitions of evidence-based guidelines, consensus statements, and other reviews and projects are available at <http://www.chestnet.org/education/guidelines/definitions.php>.

For patient education projects, please refer to the [ACCP Patient Education Materials Submission Checklist](#). (You do not need to complete the checklist as part of this application, but you will need it later.)

If Other, please describe:

For survey projects only, please answer the following questions (for other project types, click "Continue" to proceed to Step 4):

1. Who is included in the population of interest?

2. What is the size of the targeted population?

3. Do you intend to send the survey to this entire population or to select a sample?

Entire Population Sample

If selecting a sample, please indicate method and size below:

4. What is your expected response rate? %

5. How will the information be used?

6. Are there any alternative methods of gathering this information?

Yes No

Please explain:

7. What type of survey instrument will be used?

If Other, please describe:

8. Describe the survey content, including the type of data to be collected such as percentages, times, amounts, narrative or open-ended, etc. (or send a copy of the questions, if available):

9. Is there a member of the project team with experience in survey methodology?

Yes No

10. Who has reviewed or pre-tested the questions?

11. Describe the plan for data collection and analysis:

Step 4 of 6

D. Project Timeline

1. Expected start date and completion date:*

Start Date:

Completion Date:

2. Major phases or milestones (Examples: research, planning meeting, other committee meeting, product development, draft completed, editing, publication, dissemination, conference/symposium, etc.):*

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E. Marketing/Technical Support

1. Will this project require, at any time, support from ACCP's marketing staff?
(e.g., graphic design, brochures, mailings, public relations, dissemination strategies, etc.)*

Yes No

If yes, describe the support needed:

2. Will this project require, at any time, support from ACCP's web or MIS staff?*

Yes No

If yes, describe the support needed:

Step 5 of 6

F. Budget and Funding

1. Please identify any expenses that may be incurred with this project (check all that apply):*

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Printing |
| <input type="checkbox"/> Mailing | <input type="checkbox"/> Supplies |
| <input type="checkbox"/> Design and Layout | <input type="checkbox"/> Honorarium |
| <input type="checkbox"/> Consultant Fees | <input type="checkbox"/> Advertising/Promotion |
| <input type="checkbox"/> Meals | <input type="checkbox"/> Audio-Visual |
| <input type="checkbox"/> Signage | <input type="checkbox"/> Conference Calls |
| <input type="checkbox"/> Travel | <input type="checkbox"/> Other: <input type="text"/> |

of Meetings

of Attendees

NOTE: If the project is approved, the NetWork will need to submit a separate funding application at the time funds are required. For more information, refer to the NetWorks Handbook section on [Project Funding Request Process](#).

2. Please list any sources of potential funding:

Foundation:

Industry:

Government:

Step 6 of 6

Supporting documentation (if applicable) should be sent to:

ATTN: Tracy Goode, MBA, MHSA
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