

NEW YORK STATE DEPARTMENT OF HEALTH  
PROJECT MANAGEMENT OFFICE

**PHASE COMPLETION FORM**

|                         |   |
|-------------------------|---|
| <i>Purpose:</i>         | <i>Documents the formal completion of the respective project phase.</i> |
| <i>Target Audience:</i> | <i>Project Sponsor, Project Director, and Project Manager</i>           |

|                               |
|-------------------------------|
| <b>PROJECT IDENTIFICATION</b> |
| <b>Project Name:</b>          |
| <b>Project Sponsor:</b>       |
| <b>Project Director:</b>      |
| <b>Project Manager:</b>       |
| <b>Date:</b>                  |

|   |                                     |                                   |  |                                   |
|---|-------------------------------------|-----------------------------------|--|-----------------------------------|
| <b>PROJECT PHASE</b> <i>Select the appropriate phase being completed.</i> |                                     |                                   |  |                                   |
| <input type="checkbox"/> Origination                                      | <input type="checkbox"/> Initiation | <input type="checkbox"/> Planning | <input type="checkbox"/> Execution & Control | <input type="checkbox"/> Closeout |

|   |                |
|---|----------------|
| <b>PHASE DELIVERABLES</b> <i>List below or attach project schedule for the Phase.</i> |                |
| Deliverable Name  | Date Completed |
|   |                |
|   |                |
|   |                |

|                                    |
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| <b>PROJECT MANAGER INFORMATION</b> |
| <b>Name:</b>                       |
| <b>Signature:</b>                  |
| <b>Date:</b>                       |

|                                     |
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| <b>PROJECT DIRECTOR INFORMATION</b> |
| <b>Name:</b>                        |
| <b>Signature:</b>                   |
| <b>Date:</b>                        |

|                                    |
|------------------------------------|
| <b>PROJECT SPONSOR INFORMATION</b> |
| <b>Name:</b>                       |
| <b>Signature:</b>                  |
| <b>Date:</b>                       |