

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>

PROJECT IDENTIFICATION
Project Name:
Project Sponsor:
Project Director:
Project Manager:
Date:

PROJECT PHASE <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

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

PROJECT MANAGER INFORMATION
Name:
Signature:
Date:

PROJECT DIRECTOR INFORMATION
Name:
Signature:
Date:

PROJECT SPONSOR INFORMATION
Name:
Signature:
Date: