

Standard Term Request Form

Contact Information

Project Contact Name:			
Contact Email:			
CMS Component (Center/Office, Group, Division):			
Project Name:		Acronym:	
System Name:		Acronym:	
Project Government Task Lead:			
Project Business Owner:			

Standard Term Information¹

Date of Request (mm/dd/yyyy):	
Proposed Term Request Type:	<input type="checkbox"/> New <input type="checkbox"/> Change
Proposed Term:	
Proposed Term Abbreviation:	
Term Roles ² :	<input type="checkbox"/> Qualifier Term <input type="checkbox"/> Object Class Term <input type="checkbox"/> Property Term <input type="checkbox"/> Representation Term
Term Definition:	
Example of Term Usage:	
Reason for new term or term change:	

DAES Approval (internal use only)

Approval Status:		Date Completed:	
Approver Comments:			
Approver Name:		Signature:	

Note: After completing this form, email the request to CMSDataAdmin@cms.hhs.gov.

¹ It is recommended to use the [New Term Request Quick Reference Guide](#) for criterial details for each required field.

² Term Roles are described in the [Data Naming Quick Reference Guide](#).