

MANAGEMENT TEAM INFORMATION

	cting Issues Assigned to HCPSS Implementation	
Name / Title / Role	Contact Information	Qualifications / Previous Experience
	Location:	# Yrs in this Role:
	Contact Work Phone:	Qualifications:
	Contact Cell Phone:	
	Contact Email:	
2. Project Manager Assigned	to HCPSS Implementation	
Name / Title / Role	Contact Information	Qualifications / Previous Experience
	Location:	# Yrs in this Role:
	Contact Work Phone:	Qualifications:
	Contact Cell Phone:	
	Contact Email:	
3. Technical Lead Assigned to	HCPSS Implementation	
Name / Title / Role	Contact Information	Qualifications / Previous Experience
	Location:	# Yrs in this Role:
	Contact Work Phone:	Qualifications:
	Contact Cell Phone:	
	Contact Email:	
4. Data Conversion (ETL) Per	rson Assigned to HCPSS Implementation	
Name / Title / Role	Contact Information	Qualifications / Previous Experience
	Location:	# Yrs in this Role:
	Contact Work Phone:	Qualifications:
	Contact Cell Phone:	
	Contact Email:	
5. Training Personnel Assigned		
Name / Title / Role	Contact Information	Qualifications / Previous Experience
	Location:	# Yrs in this Role:
	Contact Work Phone:	Qualifications:
	Contact Cell Phone:	
	Contact Email:	
6. Other Personnel Assigned	to HCPSS Implementation (Optional)	
Name / Title / Role	Contact Information	Qualifications / Previous Experience
	Location:	# Yrs in this Role:
	Contact Work Phone:	Qualifications:
	Contact Cell Phone:	
	Contact Email:	
7. Other Personnel Assigned	to HCPSS Implementation (Optional)	
Name / Title / Role	Contact Information	Qualifications / Previous Experience
	Location:	# Yrs in this Role:
	Contact Work Phone:	Qualifications:
	Contact Cell Phone:	
	Contact Cell Friorie.	
	Contact Cell Fhorie:	
Other Personnel Assigned	Contact Email:	
8. Other Personnel Assigned Name / Title / Role	Contact Email: to HCPSS Implementation (Optional)	Qualifications / Previous Experience
	Contact Email:	Qualifications / Previous Experience # Yrs in this Role:
	Contact Email: to HCPSS Implementation (Optional) Contact Information Location:	
	Contact Email: to HCPSS Implementation (Optional) Contact Information	# Yrs in this Role: