**Request for Variance to Core Model Elements**

(please complete a separate form for each variance requested)

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| Country: Click here to enter text. Date: Click here to enter a date. |
| Name of individual requesting variance: Click here to enter text.  Title: Click here to enter text.  Email: Click here to enter text. |
| International Consultant: Click here to enter text. |

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| **CORE MODEL ELEMENT #: Click here to enter text.** |

* Reason for Request:

Click here to enter text.

* Summary of any strategies utilized to adhere to the core model element (CME) and the results:

Click here to enter text.

* What are the potential positive and negative impacts of changing or varying the CME? (Address fidelity, implementation and outcomes):

Click here to enter text.

* Anticipated time frame for variance CME and plans to evaluate its benefit/outcome:

Click here to enter text.

Variance approved: 🞏 Yes 🞏 No Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Review date to reassess variance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_