



### Attestation of Participation in a QI Effort for ABMS Part IV MOC

Physicians seeking Part IV Maintenance of Certification (MOC) credit through the University of Michigan Health System document participation by completing this form. Other requirements to receive credit are that:

- The project lead verifies the individual's participation (UMHS Part IV MOC Program will obtain verification)
- The individual's ABMS Member Board MOC fees, if applicable, are current

**Form Content.** The sections in the form are:

- A. Project Information (prefilled, please verify accuracy and correct if needed)
- B. Participant information
- C. Certifying Board(s)
- D. Attestation of participation
- E. Reflections on participation
- F. Signature and submission

When you have finished completing a section, click the "Next" button. Clicking "Next" saves information on the page before going to the next section.

**Stopping and returning to the form.** You can stop and return to the form later. Click "Next" to save entries in the section and close the form. Return to your partially completed form using the unique link to it included in the email message that notified you to complete the form. The form will open on the first section. Click "Next" until you return to a section you want to continue or change.

#### Questions?

Topics and contacts for questions are:

- Project Lead: Name, email, phone
- Receiving Part IV credit: Ellen Patrick, [partivmoc@umich.edu](mailto:partivmoc@umich.edu) or 734-936-9771.

#### A. Project Information

1. Project title:

2. Dates of participation: From to

3. Project leader:

### B. Participant Information

4. First Name:
5. Middle Initial:
6. Last Name:
7. National Provider Identifier (NPI) #:
8. Email Address:
9. Date of Birth:

### C. Certifying Primary Board(s)

10. Initial certifying primary Board

a) Indicate the first primary board in which you certified (or plan to be certified). The American Board of:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Allergy and Immunology                | <input type="checkbox"/> Obstetrics & Gynecology            | <input type="checkbox"/> Plastic Surgery                 |
| <input type="checkbox"/> Anesthesiology                        | <input type="checkbox"/> Ophthalmology                      | <input type="checkbox"/> Preventive Medicine             |
| <input type="checkbox"/> Dermatology                           | <input type="checkbox"/> Orthopaedic Surgery                | <input type="checkbox"/> Psychiatry & Neurology          |
| <input type="checkbox"/> Emergency Medicine                    | <input type="checkbox"/> Otolaryngology                     | <input type="checkbox"/> Radiology (including residents) |
| <input type="checkbox"/> Family Medicine (including residents) | <input type="checkbox"/> Pathology                          | <input type="checkbox"/> Surgery                         |
| <input type="checkbox"/> Internal Medicine                     | <input type="checkbox"/> Pediatrics (including residents)   | <input type="checkbox"/> Thoracic Surgery                |
| <input type="checkbox"/> Medical Genetics & Genomics           | <input type="checkbox"/> Physical Medicine & Rehabilitation | <input type="checkbox"/> Urology                         |

b) What is your unique Board identification number?

c) If you have a subspecialty certification(s) in that Board, please list it.

11. Second certifying primary Board – Complete if certified by a second primary board.

a) From the list under “Initial Certifying Board,” enter the name of the second primary board in which you certified.

b) What is your unique Board identification number for this Board?

c) If you have subspecialty certification(s) in this Board, please list:

#### D. Participation

12. In this data-guided quality improvement effort of two or more linked cycles, I affirm that I participated in the following activities, which are expected of all participants to receive part IV MOC credit:

- Review baseline data, consider underlying causes, and participate in planning interventions
- Implemented interventions
- Review post-intervention data, consider underlying causes, and participate in planning adjustments
- Implement adjustments
- Review post-adjustment data and consider underlying causes

I affirm my participation in these activities

#### E. Reflections

13. Change. What change did you personally make in your practice?

14. Impact. What did this do in your practice?

15. Learning. What did you learn as part of participating in this QI effort?

16. Sustainability. Explain how you plan to sustain the changes you made to your practice as a result of this QI effort.

**Block**

**1**

**F. Electronic Signature**

17. By providing your initials in the box below, you attest that all information is truthful and correct.

**Save information and Submit**

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