Attestation of Participation in a QI Effort for NCCPA PI-CME

This attestation must be completed by physician assistants (PAs) seeking Category I PI-CME credit from the National Commission on Certification of PAs (NCCPA). The PA must have participated in an approved QI effort and have satisfied all participation requirements of that QI effort. This attestation must also be cosigned by the program administrator or project leader, as determined by the Portfolio Sponsor.

The completed and signed attestation will be retained by the Portfolio Sponsor, who will notify the Portfolio Program of the PA’s completion of the QI effort.

Form Content. The sections in the form are:
A. Project Information (prefilled, please verify accuracy and correct if needed)
B. Participant information
C. Attestation of participation
D. Reflections on participation
E. 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 or 734-936-9771.
B. Participant Information

4. First Name: 
5. Middle Initial: 
6. Last Name: 
7. Date of Birth: 
8. Email Address: 
9. National Commission on Certification of Physician Assistants (NCCPA) #: 

C. Participation

10. 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

D. Reflections

11. Change. What change(s) did you personally make in your practice?

12. Impact. What did this do in your practice?
13. Learning. What did you learn as part of participating in this QI effort?

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

PA Signature I attest I participated in this QI effort as described above. By providing your initials in the box below, you attest that all information is truthful and correct.

End of Survey