

Enroll for MOC credit for Participating in QI Project

Title of Project

If you would like to document your participation in this QI project for Maintenance of Certification (MOC: ABMS Part IV for physicians, NCCPA PI-CME for physician assistants) when the project is completed in **Month year**):

- Review the information below concerning the relevant certifying organization, the project problem and goal, the project lead with whom to communicate, and participation requirements.
- Then fill in your name and other identifying information at the bottom of this form

If you have questions about:

- the QI project, contact the project lead, **[lead name, email, phone]**
- MOC through the UMHS QI MOC Program, contact Ellen Patrick, ellpat@umich.edu, 936-9771.

MOC. The certifying organizations recognizing participation in the project through the UMHS QI MOC Program include:

- **[Organization, type/amount of credit]**

Problem. **Problem statement entered from report**

Goal: **Goal statement from report**

Participation Requirements. Participate in each of this sequence of activities.

1. Reviewing baseline data and planning intervention: Participants will receive and review the results from the baseline measure(s) of performance. They will contribute to determining underlying causes and to developing plans for interventions.
2. Implementing intervention: Participants will facilitate and participate in the intervention(s).
3. Reviewing post-intervention data and planning changes: Participants will receive and review the results of post-intervention data. They will contribute to determining underlying causes and to developing plans for interventions.
4. Implementing further intervention/adjustments: Participants will facilitate and participate in the further intervention(s)/adjustment(s).
5. Reviewing post-adjustment data and planning further changes: Participants will receive and review the results of post-adjustment data. They will contribute to determining underlying causes and to developing plans for interventions.

To enroll. To have your participation documented for MOC, fill in and submit the following information.

First Name

Last Name

Email Address

Profession: Physician Physician Assistant

For Physicians:

a. Stage of training: Practicing Fellow Resident

b. Primary specialty [e.g., Pediatrics]: _____