

**Attestation of Participation in a QI Activity for ABMS Part IV MOC**

Physicians seeking Part IV Maintenance of Certification (MOC) credit through Dartmouth-Hitchcock document participation by completing this form. Other requirements to receive credit are that:

- The project lead verifies the individual's participation
- The individual's ABMS Member Board MOC fees, if applicable, are current

**A. Project Information**

1. Project title:
2. Dates of participation:
3. Project leader signature:

**B. Participant Information**

1. First Name:
2. Middle Initial:
3. Last Name:
4. National Provider Identifier (NPI) #:
5. Email Address:
6. Date of Birth:

**C. Certifying Primary Board(s)**

7. Initial certifying primary Board

a) Indicate the first primary board in which you certified. The American Board of:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Anesthesiology                | <input type="checkbox"/> Obstetrics & Gynecology            | <input type="checkbox"/> Preventive Medicine    |
| <input type="checkbox"/> Dermatology                   | <input type="checkbox"/> Ophthalmology                      | <input type="checkbox"/> Psychiatry & Neurology |
| <input type="checkbox"/> Emergency Medicine            | <input type="checkbox"/> Otolaryngology                     | <input type="checkbox"/> Radiology              |
| <input type="checkbox"/> Family Medicine               | <input type="checkbox"/> Pathology                          | <input type="checkbox"/> Surgery                |
| <input type="checkbox"/> Internal Medicine             | <input type="checkbox"/> Pediatrics                         | <input type="checkbox"/> Thoracic Surgery       |
| <input type="checkbox"/> Medical Genetics and 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.

8. **Second certifying primary board – if applicable.**

- 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 identification number for this Board?
- c) If you have subspecialty certification(s) in this Board, please list here.

**D. Participation**

12. In this data-guided quality improvement activity 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

**E. Reflections**

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

14. Impact. How did this affect your practice?

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

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

17. **By signing below, I attest that all information is truthful and correct.**

***I affirm my participation in these activities (signed)***

This Quality Improvement (QI) Activity meets Maintenance of Certification (MOC) Part IV Standards and Guidelines for the American Board of Medical Specialties (ABMS) Multi-Specialty Portfolio Approval Program Organization (Portfolio Program) and is eligible for MOC Part IV through participating ABMS Member Boards.

As an approved Portfolio Program Sponsor, Dartmouth-Hitchcock has been approved by the ABMS Portfolio Program to approve QI Efforts for MOC Part IV.