Dartmouth-Hitchcock

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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 meaningful 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:

☐ Anesthesiology	☐ Obstetrics & Gynecology	☐ Preventive Medicine
☐ Dermatology	☐ Ophthalmology	☐ Psychiatry & Neurology
☐ Emergency Medicine	☐ Otolaryngology	☐ Radiology
☐ Family Medicine	☐ Pathology	☐ Surgery
☐ Internal Medicine	☐ Pediatrics	☐ Thoracic Surgery
☐ Medical Genetics and Genomics	☐ Physical Medicine & Rehabilitation	☐ 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

9. In this data-guided quality improvement activity, I affirm that I participated in the following activities, which are expected of all participants to receive Part IV MOC credit:

☐ Identify and/or acknowledge a gap in outcomes or in care delivery.

☐ Identify and/or review data related to the gap.

☐ Identify or acknowledge appropriate interventions designed to improve the gap, OR participate in the planning and selection of interventions designed to improve the gap.

☐ Implement interventions for a timeframe appropriate to addressing the gap, OR monitor and manage implementation of intervention for a timeframe appropriate to addressing the gap.

☐ Review post-intervention data related to the gap.

☐ Reflect on outcomes to determine whether the interventions resulted in improvement. If no improvement occurs after an intervention, please reflect on why no improvement occurred.

DI. Reflections

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

11. Impact. How did this affect your practice?

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

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

14. **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.

Clear Form