

MOC Audit Checklist for Radiation Oncology

Diplomate Name _____ ABRID# _____

In the event that the ABR needs to contact you regarding this audit, please list a contact name and their contact information.

Contact Name _____ Phone # _____

Email _____

**PLEASE PROVIDE THE FOLLOWING INFORMATION,
ALONG WITH THIS COMPLETED CHECKLIST, TO THE ABR.**

- Please ensure that your name and ABRID# (found below your address on the enclosed letter) is found on all documentation provided to the ABR

Part I – Professional Standing:

- 1 copy of each state/provincial medical license

Part II – Lifelong Learning & Self-Assessment:

- 1 copy of each certificate for all ACCME-approved CME credit hours from 2006 and beyond**
- 1 copy of each certificate for all ABR-qualified SAMs from 2005 and beyond **

****IMPORTANT NOTE: IF YOUR CME AND SAM CREDITS ARE RECORDED IN YOUR PERSONAL DATABASE (PDB) THROUGH THE CME OR ASTRO GATEWAY, YOU NEED NOT PROVIDE PAPER DOCUMENTATION OF THESE ITEMS****

Part IV – Practice Quality Improvement (PQI):

- Documentation of all PQI projects (in one of the five topic areas) that have been completed or are in progress during your current MOC cycle, along with the title and a brief description of each activity
- Documentation of original PQI source data (e.g., summary / spreadsheet of baseline and follow-up measurements)
- Most recent PQI improvement plan

Please submit all required documentation to the MOC Services Division at the ABR by one of the following means:

**U.S. Mail: 5441 E. Williams Blvd., Suite 200
 Tucson, AZ 85711**

Email: mocaudit@theabr.org

Please contact the ABR MOC Services Division with any questions at (520) 519-2155 or mocaudit@theabr.org.

Thank you again for your cooperation.