

MOC Part 4 Participatory Quality Improvement Activity

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Participation Confirmation Form

Information about this form

**When Do I Need to Use This Form?**

This form should be used only if you are an ABR diplomate who has been selected by the ABR for a random MOC audit.

**What Is The Purpose Of This Form?**

The purpose of this form is to allow a diplomate who has been selected for an MOC audit to provide confirmation of individual active participation in one of the ABR Part 4 *Participatory* Quality Improvement Activities. (Diplomates satisfying Part 4 requirements through PQI Projects do not need to submit this form.)

## Section 1: Diplomate Information

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  |  | ABR ID No.: |  |
| Contact Email:  |  | Contact Phone:  |  |
| Institution/Practice Name: |

## Section 2: Participatory Quality Improvement Activity Details

|  |
| --- |
| Using the drop-down list below, select the Participatory Activity in which you are participating:Choose an item. |
| Participation Start Date:  | Participation End Date:  |
| Briefly describe your role in the activity: |
| Briefly describe the activity’s impact on patient safety and/or quality improvement: |

## Section 3: Committee Chair, Practice Leader, Department Chair Information

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  |  | ABR ID No.(optional): |  |
| Contact Email:  |  | Contact Phone:  |  |
| Institution/Practice Name: |  | Position Title: |  |

## Section 4: Participation Confirmation

I, the above-named individual in Section 3, confirm that the diplomate listed in Section 1 has actively participated in the activity as specified in Section 2.

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Committee Chair, Practice Leader, or Department Chair Signature Date