



AMERICAN
BOARD OF
RADIOLOGY

Practice Quality Improvement (PQI) Project Summary Form

This form is available for use by diplomates needing to submit evidence of MOC Part 4 satisfaction through PQI project completion. Diplomates who completed a PQI activity must complete the PQI Activity form.

Section 1: Diplomate Details

Enter diplomate contact and practice information below.

Name:

ABR ID:

Email:

Phone:

Position Title:

Institution/Practice Name:

Institution/Practice City/State:

Section 2: Participatory Quality Improvement Project Details

Provide details of the PQI project the diplomate completed within the last three calendar years.

Project Title:

Project Start Date:

Project Completion Date:

Significance Statement:

Initial Expectation and Planned Evaluation:

Describe the method used to complete the project:

Provide a final project summary:

Briefly describe the project's impact on patient safety and/or quality improvement:

Section 3: Attestation of PQI Project Completion

Diplomate attestation of project completion within the last three calendar years.

Diplomate Attestation of Completion

I, the above-named diplomate in Section 1, has actively participated in and completed the project as specified in Section 2.

Diplomate Signature

Date