



Participatory Quality Improvement (PQI) Activity Participation Form

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

Provide details of the PQI activity the diplomate completed within the last year.

Select PQI Activity Completed:	
Participation Start Date:	Last Participation Date:
Briefly describe your role in the activity:	
Briefly describe the activity's impact on patient safety and/or quality improvement:	

Section 3: Supervisor/Chair Information

A third-party presiding attestation of activity completion is required. Presiding attester roles include, but are not limited to, committee chair, practice leader, department chair, and so on. Enter the contact and role information of the presiding attester below.

Name:	ABR ID:
Email:	Phone:
Presiding Attester Role:	
Position Title:	
Institution/Practice Name:	

Section 4: Attestations of PQI Activity Completion

Provide details of the PQI activity the diplomate completed within the last year.

Diplomate Attestation of Completion

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

Diplomate Signature

Date

Presiding Attester Attestation of Completion

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

Presiding Attester Signature

Date

Form updated 3/2020