

## 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		
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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 com	pleted 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 Sas specified in Section 2.	Section 1 has actively participated in and complete the activity
Presiding Attester Signature	Date

Form updated 3/2020