

**MAINTENANCE OF CERTIFICATION**

**AMERICAN BOARD OF PEDIATRICS**

PROCEDURE FOR CERTIFYING ACTIVITIES

**PURPOSE**

The ACCME and the **AMERICAN BOARD OF PEDIATRICS (ABP)** have collaborated to simplify the integration of Maintenance of Certification (MOC) and accredited CME. This guide outlines the process for Faculty/Activity Directors to follow for ensuring documentation standards are met for **ABP MOC Lifelong Learning and Self-Assessment**.

**REGISTRATION PROCESS**

**The CME office can process MOC credits once the following registration steps are completed:**

1. Attest to compliance with [ACCME's CME for MOC Program Guide](https://www.accme.org/publications/cme-for-moc-program-guide) and [ABP requirements](https://www.abp.org/content/moc-credit-cme-activities).
2. Agree to collect the required individual learner completion data and submit it via PARS.
3. Agree to abide by ABP and ACCME requirements for use of the data.
4. Agree to allow ACCME to publish data about the activity on ACCME’s website ([www.cmefinder.org](http://www.cmefinder.org)).
5. Agree to comply with requests for information about the activity if the activity is selected for an audit by the ACCME.

**SUMMARY OF REQUIREMENTS FOR ABP MOC**

1. Certified for *AMA PRA Category 1 CreditTM*

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| COMPONENT | REQUIREMENT | EXPECTATION |
| Evaluation Mechanism | All activities, including live activities, must include a comprehensive evaluation component that assesses individual learner competence, knowledge and/or skill. | The evaluation measures the competence or performance of the individual learner and not of the activity.Evaluation methods employed should be able to identify individual learning (not anonymous). |
| Participation Threshold | The provider determines and communicates the participation threshold, also known as a passing standard, for the learner to earn MOC credit. | The participation threshold must be clearly communicated to the learner prior to engagement in the activity.The learner must meet the participation threshold set by the provider before credit is reported. |
| Feedback | All activities must include feedback to participants, identifying learner results with rationales for correct answers or attainment of applicable skill(s), and/or relevant citations where appropriate. | Evaluation of the learner and feedback to the learner must be completed before completion credit may be awarded. page19image8934656 |

2. Meets the following ABP MOC criteria:

**[Link for additional information: ACCME’s CME that Counts for MOC](https://www.accme.org/cme-counts-for-moc)**

**DOCUMENTATION CHECKLIST FOR CERTIFYING ACTIVITIES FOR ABP MOC**

**Activity Directors are required to complete and submit this form with attachments to CEL Office.**

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| **ACTIVITY INFORMATION** |
| **CME Activity Title:**  |
| **Date:**  | **Activity Type:** [ ]  RSS [ ]  Live Course [ ]  Enduring Material [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Total CME credit count:**   | **Total MOC credit count:**   |
| **Activity Director:**  | **Department Coordinator:**  |
| **Indicate the practice area(s) for which this activity is relevant (select all that apply):**[ ]  Adolescent Medicine [ ]  Neurodevelopmental Disabilities [ ]  Pediatric Nephrology[ ]  Child Abuse Pediatrics [ ]  Pediatric Cardiology [ ]  Pediatric Neurology[ ]  Developmental-Behavioral Pediatrics [ ]  Pediatric Critical Care Medicine [ ]  Pediatric Pulmonology[ ]  General Pediatrics [ ]  Pediatric Emergency Medicine [ ]  Pediatric Rheumatology[ ]  Hospice & Palliative Medicine [ ]  Pediatric Endocrinology [ ]  Pediatric Transplant Hepatology[ ]  Hospital Medicine [ ]  Pediatric Gastroenterology [ ]  Sleep Medicine[ ]  Medical Toxicology [ ]  Pediatric Hematology-Oncology [ ]  Sports Medicine [ ]  Neonatal-Perinatal Medicine [ ]  Pediatric Infectious Diseases [ ]  Professionalism/Patient Safety/Other Skills  |
| **TASK** | **ITEMS INCLUDED IN Task** | **NOTES** |
| **PRE-ACTIVITY: Due 30 Days Before Activity** |
| **Permission to share learner data**[ ]  | **Attachment**: Provide evidence that physician learners were informed that their participation information would be shared with ABP via ACCME’s PARS prior to the start of the activity. Obtain permission from all learners to share completion data with the ACCME and ABP. |  |
| **Learner Evaluation**[ ]  | Select which of the following **Evaluation Methods** will be used:[ ]  Case Discussion [ ]  Written Responses[ ]  Quiz [ ]  Audience Response System (ARS)[ ]  Other – Please explain: ***Please see the*** [***Appendix A: Evaluation and Feedback Resources.***](https://www.accme.org/publications/cme-for-moc-program-guide)**Attachment:** Provide a description or copy/sample of the evaluation tool.  |  |
| **Participation Threshold**[ ]  | **Attachment:** Briefly describe the minimum participation threshold (e.g. score, correct written or shared response, etc.) for the learner to earn MOC credit. |  |
| **Learner Feedback**[ ]  | **Attachment:** Briefly describe the process by which feedback will be provided to learners and include a sample of the feedback tool. Provide verification that the learners successfully met the minimum participation threshold for the activity. |  |
| **Recognition Statement**[ ]  | The following statement should be used when promoting ABP activities: “Successful completion of this CME activity, which includes participation in the evaluation component, enables the learner to earn up to [XX] MOC points in the American Board of Pediatrics’ (ABP) Maintenance of Certification (MOC) program. It is the CME activity provider’s responsibility to submit learner completion information to ACCME for the purpose of granting ABP MOC credit.” If applicable, please send a sample to the UR CME office. |  |
| **POST-ACTIVITY: Due 30 Days After Activity (Quarterly if RSS)** |
| **Learner Attendance & Evaluation Data**[ ]  | **Attachment(s):**• Use the attached Spreadsheet ([Tab-delimited Submission Learner Template B)](https://www.accme.org/publications/tab-delimited-submission-learner-template-b) to document Learner Completion Data for learners claiming ABP MOC. • Provide a summary of comprehensive evaluation data with documentation showing that learner(s) successfully met the passing standard for activity. |  |

**CME Activity Director Attestation:** *I attest to the completeness and accuracy of this application, as well as the requirements for the*[*ACCME’s CME for MOC Program Guide*](https://accme.org/cme-counts-for-moc)*.* *In addition, I will submit the aforementioned documents to the UR CME Office so the activity can be registered with the ACCME and ABP.*

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| **Signature** | **Print Name** | **Date** |