**UR Medicine Maintenance of Certification Part IV Credit Quality Improvement Effort:**

**Physician Attestation Form**

This attestation must be completed by certified physician seeking MOC Part 4 credit from one or more of the ABMS Member Boards participating in this program. The physician must have participated in an approved QI effort and have satisfied all of the participation requirements of that QI effort. This attestation must also be cosigned by the program administrator or project leader, as determined by the Portfolio Sponsor.

The completed and signed attestation will be retained by the Portfolio Sponsor, who will notify the Portfolio Program of the physician’s completion of the QI effort.

Note that participating ABMS Member Board MOC fees, if applicable, must be current for the physician to receive MOC Part 4 credit.

Questions and/or completed forms should be sent to the UR Medicine MOC Program manager, Pat Reagan Webster at MOCURMedicine@URMC.Rochester.edu

Respond to each question in a clear and concise manner.

***Section 1: Participant Information***

Provide the following details:

 **1. Date of Submission:** Click here to enter a date.

 **2. Name (please list exactly as it is on file with your Board):**

Click here to enter text.

 **3. NPI Number:**

Click here to enter text.

**4. Certification Information.** Indicate your certifying Board or Boards and your unique Board identification number.

Click here to enter text.

**5. Email Address (please use the one your Board has on file):** Click here to enter text.

**6. Birth date:** Click here to enter a date.

**7. Participation.** Indicate the beginning and ending date of your participation in the QI Effort.

Beginning Date: Click here to enter a date. Ending Date: Click here to enter a date.

***Section 2: Description of the Quality Improvement Effort***

**OVERALL –** Describe the quality improvement effort by providing the following details:

**1. Title of quality improvement Effort:**

Click here to enter text.

**2. QI Effort Data:**

|  |  |  |  |
| --- | --- | --- | --- |
| **What metric did you try to improve?** | **What was your baseline?** | **What was your final result?** | **Did you meet your improvement goal?** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**3. Role** – What was your role in the QI effort?

Click here to enter text.

**4. Activity** – Describe your activity in the QI effort.

Click here to enter text.

**5. Team Involvement** – Were other members of your care team involved in the QI effort? If, so explain how.

Click here to enter text.

***Section 3: Reflection***

 **1. Change** – What change did you personally make in your practice?

Click here to enter text.

 **2. Impact** – What did this do in your practice?

 Click here to enter text.

 **3. Learning** – What did you learn as part of participating in this QI effort?

 Click here to enter text.

**4. Sustainability ­**– Explain how you plan to sustain the changes you made to your practice as a result of this QI effort.

 Click here to enter text.

***Section 4: Signature***

**1. Physician Signature:** I attest I participated in this QI effort as described above

 **Date:** Click here to enter a date.

**2. Effort Lead Signature:** I have reviewed this attestation and affirm that the signed was an active participant in this QI effort and has met all the necessary requirements for MOC Part IV Credit. I am designated by the Portfolio Sponsor to review and approve attestations of participation for this QI effort.

 **Date:** Click here to enter a date.