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

**QI/PS Institutional Leader Attestation Form**

This attestation must be completed by certified physician or PA seeking MOC Part 4 credit from one or more of the ABMS Member Boards participating in this program. This attestation must also be cosigned by someone in an oversight position.

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

Note that participating ABMS Member Board MOC fees, if applicable, must be current for the physician or PA 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](mailto: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: Organizational Role***

Describe the quality improvement effort by providing the following details:

**Select the organizational role(s) for which the physician or PA is seeking credit:**

Organizational Quality Improvement/Patient Safety Officer

Quality Improvement or Patient Safety Coach/Trainer (or training to become one)

Department/Section/Unit Chair for Quality or Patient Safety

Resident/Student Quality or Patient Safety Advisor

Quality or Patient Safety Committee Chair or Vice Chair

Other (please specify):

Click or tap here to enter text.

***Section 3: QI/PS Work Completed***

**1. Summarize the training or quality improvement/patient safety work completed for which you are seeking credit** – What change did you personally make in your practice*? (maximum 300 characters)*

Click here to enter text.

**2. What was the goal of your QI/PS work? Did you achieve your goal?**

Click here to enter text.

**3. How many hours do you estimate that you devoted to this work? (total or % of your work time)**

Click here to enter text.

***Section 4: Signature***

**1. Physician or PA Signature:** I attest I conducted the QI/PS work described above.

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

**2. Chief or Associate Chief Quality Officer:** I attest that the individual named above has completed the QI/PS work as described.

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