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

**MOC Part IV Physician Registration Form**

Please complete this form if you intend to apply for MOC Part IV Credit through the UR Medicine MOC Portfolio Approval Program based on a qualifying quality improvement effort.

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

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

## Physician Information

**Name and Title:** Click here to enter text.

**Department/Specialty:** Click here to enter text.

**Address:** Click here to enter text.

(Please include: Street address, City, State and Zip)

**Phone:** Click here to enter text.

**Email:** Click here to enter text.

## QI Effort Information

**I have read the MOC Part IV Effort Approval Criteria and wish to:**

[ ]  Join an already approved effort (please review already approved effort list and contact the effort lead)

**OR**

[ ]  Initiate an effort in a priority area as identified by one of the hospitals or URMFG

**Clinical Area: (Hospital/Clinic/Practice):**

Click here to enter text.

**QI Effort:**

Click here to enter text.

**QI Effort Lead:**

Click here to enter text.