**URMC Malpractice Premium Differential Program Application (Updated February 2018)**

To qualify for the next year 2019 (January – December) 15% premium differential, the physician must:

* be insured for professional liability through the University of Rochester and MCIC
* successfully complete one of the qualifying risk management education activities listed between Jan 2018 & Dec 2018; and
* **complete and submit this application by the deadline, including any required certificates.**

Please check one of the following activities that you have completed, fill in your identification information below, sign the attestation, and submit this directly to us or through your Department Administrator:

1. Participated in a full URMC TeamSTEPPS Fundamentals Course – either a General or Office Practice course

**This is the only option for those who have not previously participated in a TeamSTEPPS Fundamentals Course \*\***

* SMH Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2018
* HH Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2018

1. Participated in a URMC TeamSTEPPS Coaching Course

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2018

3) Participated in an URMC “Teaching for Quality (Te4Q)” Faculty Development Program

Te4Q Didactic Program: Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2018

Te4Q project: Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2018

4) Participated in a completed **URMC-sponsored** ABMS Portfolio Program MOC Part IV approved quality improvement effort

Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2018

5) Participated in a URMC Patient Safety Certificate Course and received a certificate by attending at least 8 of 11 sessions, either:

* February 2018 – June 2018, or
* September 2018 – January 2019 (if needed the final 2 sessions in early January 2018 can be counted)

6) Participated in a URMC Risk Management Seminar

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2018

7) Participated a URMC Fundamentals of Quality Improvement course (Part I or Part II)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2018

8) Participated in a URMC PFCC advanced training program - either individual coaching or sufficient attendance at PFCC face-to-face programs

Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2018 \*\*\* Submit certificate with application.

9) Participated in the Medical Faculty and Clinician Wellness Series and received a CME certificate by attending at least 7 different 2018 sessions.

Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2018 \*\*\* Submit certificate with application.

10) Participated in a one or two day URMC Crucial Conversations Course or URMC Advanced Communication Techniques Training course

Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2018 \*\*\* Submit certificate with application.

11) Participated in a Physicians and Attorneys Cooperative Education (PACE) program

Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2018 \*\*\* Submit certificate with application.

12) Participated in a UR Pursuing Excellence leadership program

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2018

13) Participated in an approved service specific risk management seminar or series education program \*\*\* Submit certificate with application.

[ ]Anesthesiology ASA program [ ] ED RQI [ ] Geriatrics [ ] Orthopaedics

* Hospital Medicine [ ] Primary Care Network [ ] Bias Reduction in Internal Medicine (BRIM) program

Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2018

14) For those practicing Obstetrics: completion of the APS OB GNOSIS Fetal Assessment & Monitoring Course **and** 1 Obstetrics simulation

Completed [ ] APS OB GNOSIS Fetal Assessment & Monitoring Course, **and**

Completed multidisciplinary Obstetrics simulation during 2018

[ ] SMH Date: \_\_\_\_\_\_\_\_\_\_, 2018 **or**  [ ] HH Date: \_\_\_\_\_\_\_\_\_\_, 2018

15) For Neonatologists: participation in 6 CME Fellows conferences **and** 1 Obstetrics simulation

* Completed 6 CME Fellows conferences during 2018, **and**
* Completed multidisciplinary Obstetrics simulation during 2018
* SMH Date: \_\_\_\_\_\_\_\_\_\_ , 2018 or HH Date: \_\_\_\_\_\_\_\_\_\_, 2018

16) Successful completion during 2018 of an equivalent face to face (not online) program of patient safety or risk management

education, with approval based on submission of the program’s agenda, and confirmed through receipt of at least 4 hours

of safety or risk management related AMA Category 1 CME credits or equivalent. (Attach copy of agenda and copy of

CME credit certificate).

* Program name:\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name (print or type): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I attest that I personally fully participated in the above checked activity:**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please submit this form directly or to your Department Administrator for submission to:**

**Dr. Robert Panzer, Directors Office, Box 612, to be received no later than January 7, 2019.**

**Forward any questions to** [**Heidi\_Poltorak@urmc.rochester.edu**](mailto:Heidi_Poltorak@urmc.rochester.edu)