

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

QI/PS Institutional Leader Attestation Form

to be completed by any physician/PA in a QI/PS leadership
role seeking credit for



**MOC PART IV THROUGH
THE ABMS PORTFOLIO
PROGRAM**

This attestation must be completed by a certified physician/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 physicians completion of requirements to obtain credit.

Questions and/or completed forms should be sent to the IR Medicine MOC Program Manager, Pat Reagan Webster at MOCURMEDICINE@URMC.cochester.edu

1	Name (please list exactly as it is on file with your Board)	
2	Date of Submission	
3	Participation Start Date (if it is prior to the CY for which you applying, enter 1/1/current year)	
4	Participation Stop Date (if on-going, enter the submission date)	
5	NPI Number	
6	Birthdate	
7	Email Address (please use the one your board has on file)	
8	Certifying Board	
9	Unique Board Identification Number	

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)	

QI/PS Work Completed

Summarize the quality improvement/patient safety work completed for which you are seeking credit?	
What was the goal of your QI/PS work? Did you achieve that goal?	
How many hours do you estimate that you devoted to this work? (total or % of your work time)	

Signatures

(electronic signatures are acceptable)

1. Physician Signature: I attest I participated in this QI as described above)	
(signature)	(date)

2. Effort Lead Signature: I have reviewed this attestation and affirm that the individual above 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 the QI effort.	
(signature)	(date)