

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

Physician Attestation Form

to be completed by any physician/PA seeking credit for



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

If you are only submitting this for the Malpractice Differential Program, only questions 1-4 need to be completed.
If you are seeking MOC Part IV credit, all 9 questions must be answered.

1	Name (please list exactly as it is on file with your Board)	
2	Date of Submission	
3	Project Start Date	
4	Project Stop 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	

- ☐ Complete this page **OR**
 - ☐ Submit an A3 that includes a SMART Aim, measures, interventions, and your results **OR**
 - ☐ Submit a poster that includes a SMART Aim, measures, interventions, and your results
- (a template for a poster can be found at this link <https://sites.mc.rochester.edu/media/thahqmws/poster-template-for-type-iv-moc-credit.pptx>).

Name of Effort	
-----------------------	--

What metric did you try to improve?	What was your baseline?	What was your final result?	Did you meet your improvement goal?

As part of your participation in this effort, please indicate your role and activities. Check all that apply.	
Provided Patient Care (relevant to this effort)	
Supervised residents or fellows (in relation of this effort	
Lead or co-lead the QI effort	
Participated in the design of the QI effort	
Participated in the identification or root cause that the QI effort was designed to address	
Participated in the development and implementation of interventions	
Participated in the evaluation of interventions (obtaining and/or reviewing data)	

List any other activities you engaged in related to this QI Effort (if applicable)	
---	--

Reflection

Change	What change did you personally make in your practice during this effort?	
Impact	What was the effect of this change in your practice?	
Learning	What did you learn as part of your participation in this QI effort?	
Sustainability	Explain how you to plan to sustain the changes you made in your practice as a result of this effort?	
Quality/Safety	Explain how this effort improves the quality of care and/or patient safety.	

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)