**MOC-4 Physician Attestation**

This attestation must be completed by certified physician seeking MOC Part IV credit from one or more of the ABMS Member Boards participating in this program. The physician must have participated in an approved QI effort and have satisfied all of the participation requirements of that QI effort. This attestation must also be cosigned by the program administrator or project leader, as determined by the Portfolio Sponsor.

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

Note that participating ABMS Member Board MOC fees, if applicable, must be current for the physician to receive MOC Part IV credit.

Respond to each question in a clear and concise manner.

Section 1: Participant Information

Provide the following details:

1. **Date of Submission**
2. **Portfolio Sponsor** What is the name of the sponsoring organization providing the QI effort?
3. **Title of quality improvement effort**
4. **Name**
5. **NPI Number**

1. **Date of Birth**
2. **Certification Information** Indicate your certifying Board or Boards and your unique Board identification number
3. **Participation** Indicate the beginning and ending date of your participation in the QI effort

Section 2: Description of the Quality Improvement Effort

Describe the quality improvement effort by providing the following details:

* 1. **Aim** What is the specific aim of the QI effort?
	2. **Data Source** What was the source of the data used to measure performance in the QI effort?
	3. **Data Collection** What methods were used for data collection?
	4. **Improvement** Was the QI effort successful in improving care for your patients? If not, explain why.
	5. **Measures** Did the measures used address important issues for your patients?
	6. **Role** What was your role in the QI effort?
	7. **Activity** Describe your activity in the QI effort.
	8. **Team Involvement** Were other members of your care team involved in the QI effort? If so, explain how.

Section 3: Reflection

* 1. **Change** What change did you personally make in your practice?
	2. **Impact** What did this do in your practice?
	3. **Learning** What did you learn as part of participating in this QI effort?
	4. **Sustainability** Explain how you plan to sustain the changes you made to your practice as a result of this QI effort.

Section 4: Signature

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* 1. **Physician Signature** I attest I participated in this QI effort as described above

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* 1. **Project Leader Signature** I have reviewed this attestation and affirm that the signed 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 this QI effort.