**MOC-3 Team Member Signature Page for MOC Part IV**

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| **General Information** |
| 1. Project Title: |
| 1. Member’s first, middle initial, last name: |
| Title: |
| Email Address: |
| Certifying Board(s) & subspecialty: |

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| **To receive MOC Part IV Credit a physician must:** |

1. Actively Participate:

* Implement minimum of one project intervention
* Complete QI training approved by the project leader
* Collect, submit and/or review data per project’s measurement plan
* Participate for a minimum of 3 data cycles including baseline

1. Complete Approved QI training

* Demonstrate knowledge of QI methods and how to implement them
* Complete QI training, e.g., courses/seminars, web-based curriculum, or other QI resources
* Training must be approved and validated by Physician Project Leader

1. Complete & Submit Physician Attestation form

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| **Physician Team Member** |

I will manage my project assignments in compliance with NCH Portfolio Program for MOC Part IV credit. I understand it is my responsibility to verify that current project fulfills personal timelines & Board requirements.

Signature of Physician Team Member Date

Physician Team Member (First, Middle initial, Last Name and Title)

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| **Physician Team Leader** |

**Start Date of Team Member:**

As the Physician Project Leader, I approve the individual to participate in the approved MOC Part IV Project.

Signature of Physician Project Leader Date

Physician Project Leader (First, Middle initial, Last Name and Title)