**PA Participation Form**

This attestation must be completed by physician assistants (PAs) seeking Category 1 PI-CME credit from the National Commission on Certification of PAs (NCCPA). The PA must have participated in an approved QI effort and have satisfied all 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 PA’s completion of the QI effort.

**Respond to each question in a clear and concise manner.**

Section 1: Participant Information

Provide the following details:

1. **Date of Submission** Click here to enter text.
2. **Portfolio Sponsor i.e.,** Name of the sponsoring organization providing the QI effort

Click here to enter text.

1. **Title of quality improvement effort:** Click here to enter text.
2. **Name:** Click here to enter your name.
3. **NCCPA Certification Number:** Click here to enter text.
4. **Participation:** Indicate the beginning and ending date of your participation in the QI effort:   
   Click here to enter beginning date. to Click here to enter end date.
5. **Email:** Click here to enter your work email address.
6. **Location:** Click here to enter the site(s) in which you work.
7. **Department:** Click here to enter the department in which you work.

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? Click here to enter text.
  2. **Dates you started and ‘completed’ this improvement effort (for CME credit purposes):**
  3. **Role** What was your role in the QI effort?

Member of team doing the improvement

Leader

Other Click here to enter text.

* 1. **Activity** Describe your activity in the QI effort. Click here to enter text.
  2. **Data**

|  |  |  |  |
| --- | --- | --- | --- |
| **What metric did you try to improve?** | **What was your baseline measure?** | **What was your final measure?** | **Did you meet your improvement goal?\*** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**\****Improvement is not required for CME credit.*

* 1. **How many times did you look at your data during the period noted in question 2 (minimum of three times required for CME credit)**

Click here to enter text.

Section 3: Reflection

* 1. **Change** What change(s) did you personally make in your practice? Click here to enter text.
  2. **Impact** What did this do in your practice? Click here to enter text.
  3. **Learning** What did you learn as part of participating in this QI effort? Click here to enter text.
  4. **What barriers did you experience in trying to make your intended changes?** Click here to enter text.
  5. **How successful were you in overcoming these barriers?** Click here to enter text.
  6. **Sustainability** Explain how you plan to sustain the changes you made to your practice as a result of this QI effort. Click here to enter text.
  7. **What other next steps do you plan on making as a result of this QI effort?** Click here to enter text.

Section 4: Signature

Click here to enter your name. **Date** Click here to enter a date.

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

Click here to enter your name. **Date** Click here to enter a 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 CME credit. I am designated by the Portfolio Sponsor to review and approve attestations of participation for this QI effort.