

Physician Attestation

This attestation must be completed by certified physician seeking MOC Part 4 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 HealthPartners, who will notify the ABMS Portfolio Program and the appropriate Boards 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 4 credit.

Section 1: Participant Information

Provide the following details:

1. **Title of quality improvement effort:** Click here to enter text.
2. **Name:** Click here to enter your name.
3. **NPI Number:** Click here to enter text.
4. **Unique Board identification number:** Click here to enter text.
5. **Certifying Board:** Click here to enter text.
6. **Date of Birth:** Click here to enter your date of birth.
7. **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.
8. **Email:** Click here to enter your work email address.
9. **Location:** Click here to enter the site(s) in which you work.
10. **Department:** Click here to enter the department in which you work.

Section 2: Role and Attestation

Describe the quality improvement effort by providing the following details:

* 1. **Improvement** What were you trying to improve with this QI effort?  
     Click here to enter text.
  2. **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.

I was actively involved either individually or as part of a group, in discussions, measurement, and/or assessments of the baseline practice performance and I was involved in creating a plan for desired change.

I was actively involved either individually or as part of a group in implementing the plan to improve practice performance.

I was actively involved either individually or as part of a group in re-assessing the efforts results and reflecting on the QI efforts impact on my practice performance.

I was active in the effort for the minimum duration required for a QI effort (3-months).

Other: Click here to enter text.

* 1. **Team Involvement** Were other members of your care team involved in the QI effort? If so, explain how.   
     Click here to enter text.

Section 3: Reflection

* 1. **Change** What change did you personally make in your practice?   
     Click here to enter text.
  2. **Learning** What did you learn as part of participating in this QI effort? Click here to enter text.
  3. **Barriers** What barriers did you encounter during the QI Effort that impeded the improvement? Was there resolution?  
     Click here to enter text.
  4. **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.
  5. **Spread** Explain how you plan to spread if applicable.  
     Click here to enter text.

Section 4: Signature

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

* 1. **Physician 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.

**2. Project Leader Signature** A leader must attest to your active participation in a QI effort. The leaders of this QI effort will be contacted to verify your active participation in the effort.