



# The American Board of Pediatrics Quality Improvement Project for MOC Attestation Form

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This form should be completed by American Board of Pediatrics certified physicians who seek Maintenance of Certification (MOC) credit for completing an approved Quality Improvement project.

## Attestation of Meaningful Participation

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Physician Name:

Physician Email Address:

ABP Diplomate ID#:

Quality Improvement Project Title:

Sponsor Organization: (Organization sponsoring the Approved QI Project):

I was engaged in the project.

I participated in implementing the project's interventions (the changes designed to improve care).

I regularly reviewed data in keeping with the project's measurement plan.

I collaborated in the activity by attending team meetings.

I met these requirements on: \_\_\_\_\_ (fill in the date (mm/dd/yyyy) on which you met the minimum duration requirement, even if you continued working on the project beyond that date. In order to receive credit this date must be within your current cycle listed on your ABP Portfolio).

## Project Feedback

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Please write below a brief summary that describes how you participated in the project and summarizes the most important successes and difficulties encountered in this project.

**Signature of Participant:**

**Date:**

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**Signature of Project Leader:**

**Date:**

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*By submitting this physician for MOC credit, the organization is indicating that the physician has successfully completed their participation within the named project, meeting all the requirements for meaningful participation.*