**UR Medicine Maintenance of Certification Part IV Credit Quality Improvement Effort:**

**QI Poster Attestation Form**

This attestation must be completed by the certified physician or PA seeking MOC Part 4 credit from one or more of the ABMS Member Boards participating in this program. This must be submitted with a copy of the poster in a Power Point or PDF format. Please note credit can only be awarded for those posters that reflect a clinical quality improvement effort (this does not include clinical research).

Physicians and PA are not eligible to receive credit for a poster that reflects on effort that has previously been submitted.

Posters must:

* Include and adequate and appropriate AIM Statement/SMART goal.
* Include adequate and appropriate measures that are aligned to determine if change occurs and related directly to the AIM Statement/SMART goal.
* Include adequate and appropriate interventions that have been aligned to impact the measures and were implemented into practice.
* Reflect work done, at least partially if not completely, within the previous 12 months.

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 4 credit.

Questions and/or completed forms should be sent to the UR Medicine MOC Program manager, Pat Reagan Webster at [MOCURMedicine@URMC.Rochester.edu](mailto:MOCURMedicine@URMC.Rochester.edu)

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 a date.

**2. Name (please list exactly as it is on file with your Board):**

Click here to enter text.

**3. NPI Number:**

Click here to enter text.

**4. Certification Information.** Indicate your certifying Board or Boards and your unique Board identification number.

Click here to enter text.

**5. Email Address (please use the one your Board has on file):** Click here to enter text.

**6. Birth date:** Click here to enter a date.

**7. Participation.** Indicate the beginning and ending date of your participation in the QI Effort.

Beginning Date: Click here to enter a date. Ending Date: Click here to enter a date.

***Section 2: Description of the Quality Improvement Effort***

**OVERALL –** Describe the quality improvement effort by providing the following details:

**1. Title of Effort on QI Poster:**

Click here to enter text.

**2. How were you involved in the Qi work described on the Poster?**

Click here to enter text.

***Section 3: Reflection***

**1. Learning** – What did you learn as part of participating in this QI effort?

Click here to enter text.

**2. 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.

***Section 4: Signature***

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

**Date:** Click here to enter a date.

**2. Effort Lead 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.

**Date:** Click here to enter a date.