



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

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QIPA Version 2.1

Complete this Attestation Form if you are an ABP-certified physician seeking credit under Maintenance of Certification for Performance in Practice (Part 4) for your role as a Project Leader of an ABP MOC approved quality improvement project. You can receive MOC Performance in Practice credit even if you did not care for patients in this project, if you meet the criteria in item 6 below.

***After you complete this attestation form, submit it to your project's QI Project Leader or the Senior Leader for Quality at the sponsor's organization for signature. The Leader will forward completion documentation to the ABP so that you can receive credit for MOC. The ABP receives only documentation of your successful completion of the project and identifying information to ensure your ABP record is accurately updated. No patient data, performance data, or project reports are sent to ABP, nor does ABP receive your attestation form or any attachments.***

## Attestation of Meaningful Participation by Project Leaders

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1. Physician who participated as a Project Leader:
2. ABP Diplomate ID #:
3. Date of Birth:
4. Quality Improvement Project Title: Early Hearing Detection and Intervention (EHDI) Quality Improvement Project, Phase 2
5. Sponsor Organization: *(Organization sponsoring the Approved QI Project)* American Academy of Pediatrics
6. Did you meet the ABP requirements for a quality improvement project leader?
  - I was materially involved in the design of the project.
  - I was materially involved in the implementation of the project.
  - I understand the principles of quality improvement.
  - I was involved as a leader for minimum 12 months and I met this requirement on \_\_\_\_\_ *(fill in the date (mm/dd/yyyy) on which you met the 12-month requirement, even if you are continuing work on the project.)*
  - I satisfied all of the above criteria under my current ABP certificate (within my current MOC cycle).

## Signatures

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*I attest that I participated in this project as described above.*

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Signature of Physician Seeking MOC Credit

Date

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*I have reviewed this attestation and affirm that \_\_\_\_\_ was an active leader in this project and met all requirements. I am designated by this QI project to review and approve attestations of participation.*

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**Signature of Project Leader**

**Date**

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**Name and Title of Project Leader**