



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

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Complete this Attestation *Form* if you are an ABP-certified physician seeking credit under Maintenance of Certification for Performance in Practice (Part 4). To be eligible for credit, you must have satisfied all requirements for meaningful participation.

***After you complete this attestation form, submit it to your Project Practice Leader and then on to your Chapter Project Manager. The chapter will forward completed documentation to the AAP so that you can receive credit for MOC.***

### Attestation of Meaningful Participation

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1. **Participating Physician:** \_\_\_\_\_
2. **Participating Physician Email Address:** \_\_\_\_\_
3. **ABP Diplomate ID:** \_\_\_\_\_
4. **Quality Improvement Project Title:** HPV Vaccine Initiation QI Project (AAP-CA2)
5. **Sponsor Organization:** The American Academy of Pediatrics
6. **Activity Contact:** Tomás Torices, MD, Executive Director, AAP-CA2 | (818) 422-9877 | chapter2@aapca.org
7. I satisfied the ABP meaningful participation requirements during my current MOC cycle

**(Enter date range):** \_\_\_\_\_

- I was intellectually engaged in planning and executing the project.
- I participated in implementing the project's intervention.
- I regularly reviewed data in keeping with the project's measurement plan.
- I collaborated in the activity by attending team meetings/Webinars.
- I was active in the project for the minimum duration required by the project.
- I met these requirements on: 05/10/2017

### Project Feedback

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8. 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.

Please sign on page 2.

## Signatures

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

\_\_\_\_\_  
**Signature of Participant Physician**

\_\_\_\_\_  
**Date**

**Name and Title of Participating Physician:** \_\_\_\_\_

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**By Practice Project Leader:**

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

\_\_\_\_\_  
**Signature of Practice Project Leader**

\_\_\_\_\_  
**Date**

**Name and Title of Practice Project Leader:** \_\_\_\_\_

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**By Chapter Project Leader:**

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

\_\_\_\_\_  
**Signature of Chapter Project Leader**

\_\_\_\_\_  
**Date**

**Name and Title of Chapter Project Leader:** Edward S. Curry, MD, FAAP – President, AAP-CA2

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\_\_\_\_\_  
**Signature of National Project Leader**

\_\_\_\_\_  
**Date**

**Name and Title of National Project Leader:** \_\_\_\_\_

After the physician and practice leader have completed and signed this form please send pages 1 and 2 to the Chapter via email (scanned document) or Fax:

Email: [Chapter2@aap-ca.org](mailto:Chapter2@aap-ca.org)

Fax: (888) 838 - 1987

## HPV QI Project Attestation of Participation Form

### **Instructions**

#### **Page 1**

Complete items 1 - 8 (Legibly please).

- (1) Your name.
- (2) Your email.
- (3) ABP Diplomate ID.
- 4, 5, 6 are already completed.
- (7) Enter your MOC Cycle Date Range, and check the boxes.
- (8) Write any feedback.

#### **Page 2**

- 1) Complete the "Participating Physician" section on pg. 2.
  - Signature, Date, print full name.
- 2) Have your "Practice Project Leader" complete the second block on page 2. (Signature, Date, print full name).

**Note:** If you are in solo practice, then you also complete that second block as your own Practice Project Leader.

Please fax both pages to (888) 838-1987