

## Rady Small Group QI Project (1-10 Physicians) Physician Attestation Form

*Each physician participant must submit his/her own form. Answers to be typed except for Physician signature and date*

Small Group QI Project Title:

Physician Name (Printed legibly):

Physician ABP ID:

Physician Date of Birth:

### Physician Attestation

MOC credit is only awarded to physicians who can attest to ALL of the meaningful participation requirements: *(You **must check all requirements** listed below to be awarded MOC credit)*

- I satisfied meaningful participation requirements during my current MOC cycle.
- I was intellectually engaged in planning and executing the project.
- I was involved in the changes implemented during the project.
- I regularly reviewed data in keeping with the project's measurement plan.
- I participated in team meetings for the project.
- I understand that credit will be awarded based on the date the project was completed (and the relevant most recent cycle of improvement if approved).

Describe your involvement in this project

What did you learn from this experience?

What challenges did you encounter?

Physician Name (Clearly and legibly printed): \_\_\_\_\_

Physician Signature and Date: \_\_\_\_\_