**Attestation of Meaningful Participation**

1. Participating Physician: 
2. Participating Physician Email Address: 
3. ABP Diplomate ID # 
4. Quality Improvement Project Title: 
5. Sponsor Organization (Organization sponsoring the Approved QI project): 
6. Activity Contact: 
   - Phone Number: 
   - Email: 

7. I satisfied the ABP meaningful participation requirements during my current MOC cycle (date range):
   - ☐ I was intellectually engaged in planning and executing 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 above.)

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**Project Feedback**

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.

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**Signatures**

I, [ ], attest that I participated in this project as described above.

<table>
<thead>
<tr>
<th>Signature of Participant Physician</th>
<th>Date</th>
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I have reviewed this attestation and affirm that [ ] an active participant in this project and met all requirements. I am designated by this QI project to review and approve attestations of participation.

<table>
<thead>
<tr>
<th>Signature of Project Leader</th>
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Name and Title of Project Leader