**Verification of Participation for Accredited CME that Counts for ABIM Medical Knowledge Points**

This form is offered by the Medical Society of Virginia Intrastate Accreditation Committee to assist CME providers presenting activities for ABIM Medical Knowledge Assessment Points and, (if applicable) patient safety credits, to comply with the ABIM policy: *“The CME provider must have systems, resources and process in place to: 1) collect the participant completion data (described in Table 1 of the “ABIM Medical Knowledge Assessment Recognition Program”); 2) obtain permission from the participant to share the completion data with ACCME; and 3) transmit the completion data to ACCME on behalf of the participant.”* The ABIM Medical Knowledge Assessment Recognition Program guide is available at: <http://www.abim.org/~/media/ABIM%20Public/Files/pdf/cme-providers/abim-medical-knowledge-assessment-recognition-program.pdf> . (CME providers may amend this form for their own use. Use of this guide does not guarantee compliance.)

**NAME OF ACCREDITED PROVIDER - web address**

**Name of Joint Provider, if applicable**

**(Contact Information) Name: phone number:**

This form **must** be completed by doctors of internal medicine for (name of accredited provider) to transmit the

information to the ABIM on your behalf through the ACCME Program and Activity Reporting System (PARS).

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\*Six digit ABIM ID:** |  | **First Name:** |  | **MI:** |  | **Last Name:** |  | **Date of Birth (mm/dd):** |  **Specialty:** |
| #\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |  \_\_\_\_\_/\_\_\_\_\_ |  |
| **\*Physicians who do not know their ABIM ID can look it up on ABIM’s website** [**https://www.abim.org/online/findcand.aspx**](https://www.abim.org/online/findcand.aspx) |
|  |
| **MOC Points are equivalent to the maximum amount of CME credit claimed by the participant for this activity, except when only specific sessions or modules are designated for MOC Credit, as indicated in the MOC Statement.** |
|  |
| **Date you completed activity:** |  | **Please indicate the number of hours YOU actually spent in this activity. If the whole activity was not designated for MOC points, indicated the number of hours YOU spent in the sections of the activity that were designated for MOC points. To earn MOC credit you must participate in the evaluation):** |
|
|   **(mm/dd/yyyy)**: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ |  | **# of Hours for MOC points**:\_\_\_\_\_\_\_\_\_  |
| [ ]  **I understand that my participation information, as indicated above, will be shared with the ABIM through the ACCME Program** **and Activity Reporting System (PARS)**  |
| **The information below is to be completed by the CME provider PRIOR to the activity and prior to distribution to participants** |
| **Participant data** [ ] **WILL or** [ ] **WILL NOT be shared with the funder of the activity or any other commercial entities. If applicable, what participant data will be shared:** |
| **Activity Title:** |  | **Activity Date(s):**  |  |  **Activity Type:**  |
| **Max. number allowable MOC Points: \_\_\_\_\_\_** |  | **ABIM Specialties Activity Addresses:**  |
| If applicable, maximum # of allowablePatient Safety Credits: \_\_\_\_\_\_ |  | If applicable, this activity addressed the required patient safety (PS) topic: **Foundational knowledge (must include *all* of the following)**: [ ]  Epidemiology of error-discuss the key definitions underpinning current patient safety errors [ ]  Fundamentals of patient safety improvement (PDSA)-engage phys. in PDSA focused on PS [ ]  Culture of safety- identify specific elements, i.e., beliefs, attitudes, values about work/risks contributing to safety culture **Prevention of adverse events (examples include, but not limited to:** [ ]  Medication safety, e.g., med reconciliation, safe use of analgesics/sedatives, id and remediation of polypharmacy in elderly [ ]  Prevention of healthcare infections [ ]  Falls prevention [ ]  Teamwork and care coordination [ ]  Other (identify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |