**Verification of Participation for Accredited CME that Counts for ABP Lifelong Learning and Self-assessment MOC**

This form is offered by the Medical Society of Virginia Intrastate Accreditation Committee to assist CME providers presenting activities for ABP Lifelong Learning and Self-Assessment for MOC Part 2. According to the ABP, the *CME provider must have systems, resources and processes in place to: 2) Collect participant completion data (described in table 1 of the “ABP Lifelong Learning and Self-Assessment for MOC Part 2, CME Provider Program Manual”), 2) Obtain permission from the participant to share completion data with the ACCME, and 3) Transmit the completion data to the ACCME on behalf of the participant upon successful completion.*” The ABP Lifelong Learning and Self-Assessment for MOC Part 2 CME Provider Program Manual is available at: <https://www.abp.org/sites/abp/files/pdf/accme-provider-program-requirements.pdf> . (CME providers may amend this form for their own use. Use of this guide does not guarantee compliance.)

**NAME OF ACCREDITED PROVIDER**

**Name of Joint Provider, if applicable**

**CME Provider Contact Information Name: phone number: Website Address:**

This form **must** be completed by pediatricians and pediatric subspecialists for (name of accredited provider) to transmit the

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\*Six digit ABP ID:** |  | **First Name:** |  | **MI:** |  | **Last Name:** |  | **Date of Birth (mm/dd):** |  |
| #\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |  \_\_\_\_\_/\_\_\_\_\_ |  |
| **\*Physicians who do not know their ABP ID can look it up at:** [**https://www.abp.org/content/verification-certification**](https://www.abp.org/content/verification-certification) |
|  |
| **Participant completion should only be reported when the maximum number of MOC points has been achieved as determined by the provider. Partial credit will not be awarded. ABP MOC points can only be awarded by whole numbers. To earn MOC points, the learner must participate in the comprehensive evaluation component that assesses learner knowledge and/or skill and provides feedback to the learner.** |
|  |
| **Date you completed activity (mm/dd/yyyy)**: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ |
|
| [ ]  **The CME Provider has my permission to transmit the completion data to the ACCME on my behalf upon successful completion of the activity.** |
| **The information below is to be completed by the CME provider PRIOR to the activity and prior to distribution to participants.** |
| **Activity number automatically assigned in PARS: #\_\_\_\_\_\_\_\_\_** |
| **Activity Title:** |  | **Activity Date(s):**  |  |  **Activity Type:**  |
| **Max. number allowable MOC Points: #\_\_\_\_\_\_ (rounded to nearest whole number)** |  | **Activity address:** |