**Verification of Participation for Accredited CME that Counts for Maintenance of Certification in Anesthesiology-MOCA 2.0®**

This form is offered by the Medical Society of Virginia Intrastate Accreditation Committee to assist CME providers presenting activities for MOCA 2.0® and, if applicable, patient safety credits, to comply with the ABA policies, *“The provider must have systems, resources and process in place to collect the participant completion data (described in Table 1 of the “ABA “Requirements for MOCA 2.0® Accredited Continuing Medical Education;” 1) Be directly or jointly offered by a provider accredited within the ACCME system; 2) Be designated for AMA PRA Category 1 credit ™; 3) Cover one or more topics important to anesthesiology or anesthesiology subspecialties; and 4) Not be adverted as a Board Review or Board Preparation activity.* The ABA Requirements for MOCA 2.0® Accredited Continuing Medical Education is available at: <http://www.theaba.org/PDFs/MOCA/MOCA-2-0-Accredited-CME-Requirements>. CME providers may amend this form for their own use. (Use of this form does not guarantee compliance.)

**NAME OF ACCREDITED PROVIDER**

**ACCME Provider ID Number:**

This form **must** be completed by ABA diplomates for (name of accredited provider) to transmit the

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

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| **\*Six digit ABA ID:** |  | **First Name:** | | |  | **MI:** |  | **Last Name:** | | | |  | **Activity ID# assigned by provider:** |
| #\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | |  |  |  |  | | | |  |  |
| **\*Physicians who do not know their eight-digit ABA ID number may call the ABA Communications Center at (866) 999-7501 to obtain it.** | | | | | | | | | | | | | |
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| **MOCA 2.0® points are equivalent to the maximum amount of CME credit claimed by the participant for this activity.** | | | | | | | | | | | | | |
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| **Date you completed activity:** | | | | |  | **Please indicate the number of hours YOU actually spent in this activity:** | | | | | | | |
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| **End date: (mm/dd/yyyy)**: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ | | | | |  | **# of Hours for MOCA 2.0® points earned**:\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **I give permission for the CME provider to share the completion data on this form with the ACCME; and understand that the completion data will be**  **shared with the ABA 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:** | **Activity web address:** | | |
| **Max. number allowable MOC Points: \_\_\_\_\_\_** | | |  | **Is this a designated activity focus on patient safety?  Yes  No** | | | | | | | | | |
|  | | |  | **If yes, maximum allowable Patient Safety Credits: # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  (The MOCA Lifelong Learning and Self-Assessment (LLS) requirements for ABA diplomates includes 250 *AMA PRA Category 1 Credits™*, as well as 20 *AMA PRA Category 1 Credits™* in Patient Safety accredited activities.) | | | | | | | | | |