## HPV Vaccine Study Completing MOC Attestation Forms

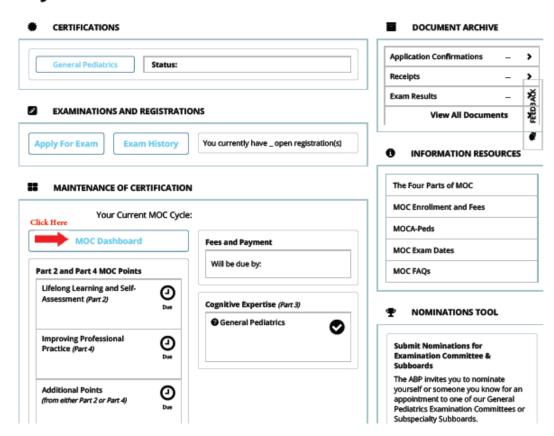
At the end of the 1<sup>st</sup> MOC Project and the 2<sup>nd</sup> MOC Project, after you have completed all the requirements, follow these steps to submit your attestation forms to get credit for each project.

- 1. Go to: https://www.abp.org/
- 2. Log into your MOC ABP Portfolio by clicking "Log In" (see red arrow below) Enter your username and password.

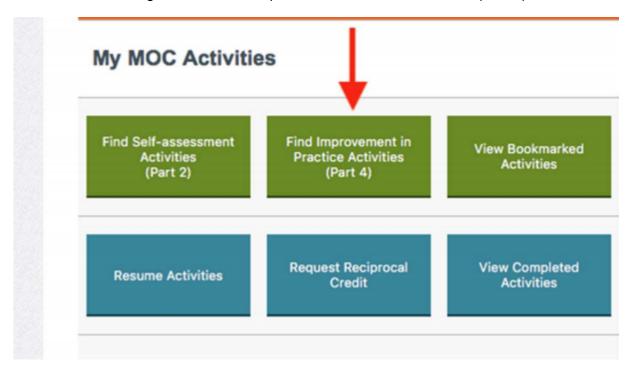


3. Once logged in, click on "MOC Dashboard" (see red arrow below)

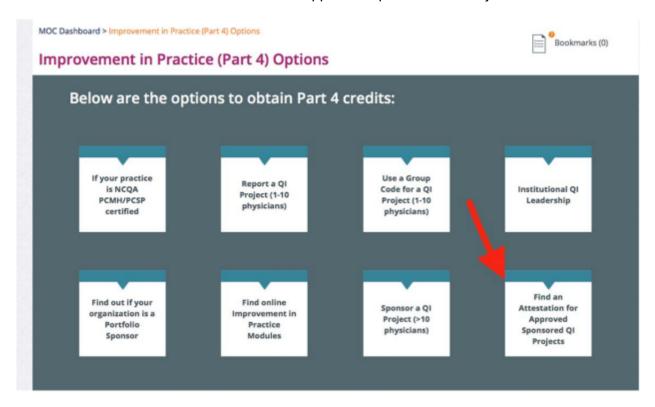
### My ABP Portfolio



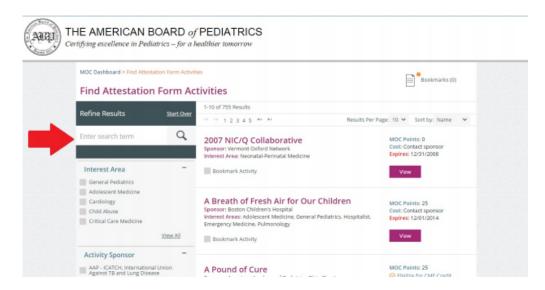
4. Click on the green box "Find Improvement in Practice Activities (Part 4)"



5. Click on the "Find an Attestation for Approved Sponsored QI Projects" tab



#### 6. Enter "Monroe Carell" into the search box



- 7. This will bring up a list of projects within the MCJCH portfolio.
  - Select the project title for either the 1<sup>st</sup> or 2<sup>nd</sup> MOC Project (the project that you
    just finished and are claiming credit for):

**1**<sup>st</sup> **MOC Project**: Cumberland Pediatric Foundation: Increasing HPV Vaccination in Community-Based Pediatric Settings

2<sup>nd</sup> MOC Project: Cumberland Pediatric Foundation: Increasing HPV Vaccination in Community-Based Pediatric Settings – Phase 2

- 8. On the right side of the page, there is a blue "attestation form" button, click here. Complete, print, and sign the form (see sample form and instructions on **next page**).
- 9. Give the completed and signed form to your practice's Operations Champion or Physician Champion.

THE AMERICAN BOARD of PEDIATRICS

#### My ABP Portfolio

#### Your Name and ABP Number Prefilled

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# The American Board of Pediatrics Quality Improvement Project for MOC Attestation Form

Attestation of Meaningful Participation

Complete this Attestation Form if you are an ABP-certified physician seeking credit under Maintenance of Certification for Performance in Practice (Part 4). To be eligible for credit, you must have satisfied all requirements for meaningful participation.

After you complete this attestation form, submit it to your project's Local Leader or the QI Project Leader (depending on how your project is organized) for signature. The Leader will forward completion documentation to the ABP so that you can receive credit for MOC. The ABP receives only documentation of your successful completion of the project and identifying information to ensure your ABP record is accurately updated.

_	9-11-1
1	1. Participating Physician: Your Name Prefilled
2	2. Participating Physician Email Address: Your Email Prefilled
3	3. ABP Diplomate ID: Your ABP Number Prefilled
	4. Quality Improvement Project Title: Cumberland Pediatric Foundation: Increasing HPV Vaccination in Community-Based Pediatric Settings
5	5. Sponsor Organization: (Organization sponsoring the Approved QI Project) Monroe Carell Jr. Children's Hospital at Vanderbilt
6	<sup>6</sup> . Activity Contact: Pam <b>el</b> a Hull,
	Phone Number: 615-936-3241
	Email: <u>pam.hull@vanderbilt.edu</u>
ĸ	7. I satisfied the ABP meaningful participation requirements during my current MOC cycle (date range): Physician's Prefilled Date Range  I was intellectually engaged in planning and executing the project.
e	1 participated in implementing the project's intervention (the changes designed to improve care).
s to ve	I regularly reviewed data in keeping with the project's measurement plan.
t	I collaborated in the activity by attending team meetings.
	☐ I met these requirements on Enter last day of the last month of the MOC Project (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.)  Project Feedbace
	I participated in this project.  I participated in executing the project, implementing the changes, reviewing data, and attending team meetings to discuss progress. We successfully implemented the changes and worked together to overcome any challenges.  Type or write this suggested text in the text box. Feel free to modify the second sentence for your practice.
	Signature
gn & I	I, Your Name Prefilled, attest that I participated in this project as described above.
	Signature of Participant Physician Da
1	I have reviewed this attestation and affirm that Your Name Prefilled was an active participant in this project and met all requirements. I am designated by this QI project to review and approve attestations of participation.
	Dr. Hull will sign here
5	Signature of Project Leader Di
	Pamela C. Hull, PhD Assistant Professor of Medicine
i	Pamela C. Hull, PhD Assistant Professor of Medicine  Name and Title of Project Leader
	a Bear of

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10. <u>Operations Champion or Physician Champion</u>: Log into the HPV Vaccine Quality Improvement Portal (<u>www.cpfqi.com</u>). On the main Dashboard page, under Phase 1, click on "Upload MOC Forms." Scroll down and upload signed forms as pdf or image files. You can upload each physician's form separately or all the forms combined into one file. After dragging or selecting each file, be sure to click the "Send to CPF" button.

#### UPLOAD MOC FORMS

Back to Dashboard Step Progress: ② Upload MOC Forms ③ Vaccine Communication Training ② Select Change Options

#### After making selections: Complete your MOC application forms

- We will email the customized MOC application forms for your practice to the Operations Champion and Physician Champion within three business days.
- In the meantime:
  - · Please ensure that all of your providers have completed their quality improvement training.
  - Please ask all of your providers to complete the Vaccine Communication Training in this web portal. (They should have received an email with their login info and a link to the training module.)
- . When you receive the email with your MOC forms, please fill in your practice-specific information where indicated.
- · Print the completed forms and have all relevant physicians sign them.
- Upload your completed and signed forms below. After dragging or selecting each file, be sure to click on the black button "Send to CPF.
- Then, CPF will send the forms to the Vanderbilt Department of Pediatrics.

#### At the end of each MOC project: Submit MOC attestation forms

- Follow these instructions for each participating physician to download a personalized MOC attestation form from the ABP website.
- After physicians sign the attestation forms, either the Operations Champion or Physician Champion can upload them below. You can upload each physician's
  form separately or all the forms combined into one file (pdf or image files).
- After dragging or selecting each file, be sure to click on the black button "Send to CPF."
- Next Dr. Hull will sign the attestation forms as Project Leader, and CPF will give the signed attestation forms to Vanderbilt Department of Pediatrics.
   Department of Pediatrics will forward completion documentation to the ABP so that you can receive credit for the MOC project.

#### Upload MOC Forms \*



#### SEND TO CPF

- 11. Next Dr. Hull will sign the attestation forms as Project Leader, and CPF will give the signed attestation forms to Vanderbilt Department of Pediatrics.
- 12. Department of Pediatrics will forward completion documentation to the ABP for you to receive credit for the MOC project.

Note: This process should be completed twice, once at the end of each MOC Project.