

American Osteopathic Board of Pediatrics

142 East Ontario Street - Chicago, IL 60611 - Phone (312) 202-8267 - Fax (312) 202-8441 - www.aobp.org

“Operating under the Authority of the American Osteopathic Association”

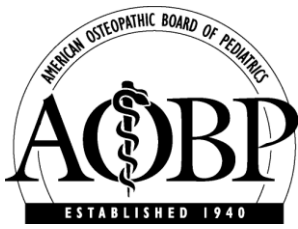
AOBP Quality Improvement Project for OCC: Attestation Form

Complete this Attestation Form if you are an AOBP-certified physician seeking credit under Osteopathic Continuous Certification (OCC) 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 AOBP so that you can receive credit for OCC. The AOBP receives only documentation of your successful completion of the project and identifying information to ensure your AOBP record is accurately updated. No patient data, performance data, or project reports are sent to AOBP. Upon completion, please submit to the American Osteopathic Board of Pediatrics, aobp@osteopathic.org.

Attestation of Meaningful Participation

1. Participating Physician:
2. AOA #:
3. Date of Birth:
4. Quality Improvement Project Title:
5. Participated as a member of what organization? (Practice, hospital, unit, network, etc.):
6. Sponsor Organization: (Organization sponsoring the Approved QI Project)
7. Did you meet the AOBP meaningful participation requirements?
 - I provided direct or consultative patient care in this improvement project.
 - I completed one or more tests of change to improve care.
 - My team's data were collected and submitted in keeping with the project measurement plan, and I reviewed my own data during the project.
 - I attended the required number of project meetings. (# _____)
 - I was active in the project for the minimum duration required by the project. The project's duration requirement is _____ months, and I met this requirement 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.)
 - I satisfied all of the above meaningful participation criteria under my current AOBP certificate (within my current OCC cycle).
 - Data from a minimum of ten (10) patients was gathered and used in the performance of this project.



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Project Description

8. Target Population:
9. Project Aim: (Explain the measurable goals and importance to patients and your organization.)
10. Did you improve care for your patients through this project? Yes No
11. What are the Project's Performance Measures?
12. Describe the source(s) of data and methods of data collection that you used for this project.
13. What was the Comparison Group in your project? (E.g. a regional or national benchmark)
14. Did the interventions address important issues for your patients? Yes No
15. Describe your role in this project.
16. Who else was involved in this project from your care team?
17. How did you change your practice as a result of this project?
18. What do you plan to do next to improve your quality of care?
19. Attach an example of an annotated run chart based on data from your patients.
20. Describe the Osteopathic component of this project.

Signatures

I attest that I participated in this project as described above.

Signature of Participant Physician

Date

I have reviewed this attestation and affirm that I 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.

Signature of Project leader

Date

Name and Title of Project Leader