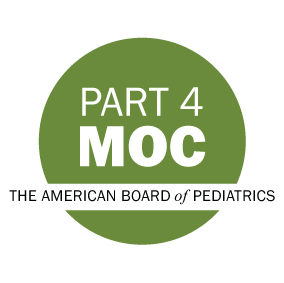
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**QI Notification for ABP MOC Credit**

1. Name of MOC Requestor:

2. Email:

3. Phone number:

4. QI Project Title:

5. Start date of QI Project:

6. Anticipated end date of QI Project

7. Are you the project leader?

Yes

No (please fill in information for the leader below)

Project Leader Name:

Project Leader Email Address:

Project Leader Phone Number:

8. Project AIM Statement ( *An aim statement should state a clear, quantified goal set within a specific time frame.  It states what you tried to change, by how much, and by when.):*

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9. How many months does the project expect a physician to be actively involved in order to receive MOC Part 4 credit? (Please note: The ABP looks to Project leaders to set requirements for length of participation based on the nature and needs of the project. Most MOC approved projects to date have required 6-12 months participation.)

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10. Description of the activity in 300 words or less to be listed on the ABP website.

|  |
| --- |
|  |

11. Does your project offer CME?

Yes

No

***If you have any questions when completing this form please email MOC@childrensomaha.org***