MOC II Request Form

Activity Title: _____

Activity date (s): _____ Location (facility, city, state): _____

Do you have a webpage for this activity? If so enter URL here: _____

How will you **assess the learners** and provide them with feedback?

- ☐ **Written Responses/Self-reflection** - Learner writes a reflective statement and makes a commitment to change or maintain an element of practice - **Feedback method:** A de-identified summary of all responses are shared with the learners post course. See CPD website for examples of summary, and instructions for the participant on writing a clinical pearl.
- ☐ **Post-test/Quiz -** Learners complete answers to a quiz during or after an activity - **Feedback Method:** Best answer to each question is discussed or shared, including rationale for correct answers with relevant citations.
- ☐ **Case-Discussion -** Learners asked to share with each other and group how they would approach the case at various stages - **Feedback Method:** Learner actively participates in the conversation as judged by a group leader or observer and the outcome of the case is shared. See Participation Grid.
- ☐ **Other** – Please describe:

Check the ABMS member boards you are interested in applying to for MOC II **up to six weeks for approval*	*CPD will complete this section*		
	Date Applied/ Entered in PARS	Date Approved	Date Approval Uploaded to Portal (ABMS)
☐ Allergy and Immunology*			
☐ Anesthesiology			
☐ Colon and Rectal Surgery*			
☐ Family Medicine*			
☐ Internal Medicine (add'l requirements)			
☐ Medical Genetics and Genomics*			
☐ Nuclear Medicine*			
☐ Ophthalmology			
☐ Orthopaedic Surgery*			
☐ Otolaryngology – Head and Neck Surgery			
☐ Pathology			
☐ Pediatrics			
☐ Physical Medicine and Rehabilitation*			
☐ Plastic Surgery*			
☐ Preventive Medicine*			
☐ Psychiatry and Neurology*			
☐ Radiology*			
☐ Thoracic Surgery*			
☐ Urology*			

CPD to Complete

Program Number:	
Add MOC to title of activity in Portal:	
Proof credit statements:	
Date coordinator notified of approval	

For ABIM

	Name	Date Received	Date Uploaded
Reviewer 1:			
Reviewer 2:			

Post Course

Participant data received from coordinator:	
Scores	Y ◯ N ◯ N/A ◯
Reflections	Y ◯ N ◯ N/A ◯
Participation grid	Y ◯ N ◯ N/A ◯
ACCME learner template	Y ◯ N ◯
Date participant submitted to ACCME:	
Date participants informed of ABMS completion:	

Administered Activities

Date JotForm created	
Date PDF reflections sent to participants:	
ABMS certificate send to participants:	