The American Board of Preventive Medicine
MOC Reciprocal Credit Request Attestation Form

ABPM-certified physicians, who are also certified by another ABMS member board and who successfully complete MOC requirements for the other board, may request credit towards the following: 1) ABPM MOC Part 2B (150 additional CME credits) and 2) ABPM MOC Part 4 (Improvement in Medical Practice).

Name: ____

ABPM CERTIFICATION Specialty Area(s):

☐ Aerospace Medicine
☐ Occupational Medicine
☐ Public Health/Gen Preventive Medicine
☐ Clinical Informatics
☐ Undersea and Hyperbaric Medicine

ABPM Certification ID(s):__________________________ Expiration Date(s): __________________________

OTHER ABMS BOARD CERTIFICATION

ABMS Board (Board name):____

Current Certification Cycle: Start Date:_______________ Expiration Date:______________________________

MOC component completed for which reciprocal credit is requested:

Part 2 Date Completed:___________________________ Part 4 Date Completed:______________________

I am requesting credit for the following (check all that apply):

☐ MOC Part 2B (150 CME credits over the 10-year span of certification)

☐ MOC Part 4 (Improvement in Medical Practice)*
*Please attach MOC Part 4 completion documentation (i.e., certificate, letter or email confirming successful completion)

I attest that the following statements are true:

1. I am enrolled and participating in the ABPM MOC program.
2. I understand that I still must complete all ABPM MOC requirements for Parts 1, 2A, and 3.
3. I have successfully completed the MOC activities listed above.
4. I understand that ABPM does random audits and that I may be required to provide extensive additional supporting documentation of completion of the MOC requirements.

I attest that I meet the requirements for alternate MOC credit as described above. I understand that providing false or misleading information on this attestation could result in disciplinary action by the ABPM up to and including certificate revocation.

Signature of Participant Physician________________________________ Date:___________________________

Submit this completed form and Part 4 completion documentation (if applicable) to ABPM by email (moc@theabpm.org), fax (312-939-2218) or mail (111 W Jackson Blvd, Suite 1340, Chicago, IL 60604). Please allow 4 weeks for processing.

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ABPM Office use only:

☐ Approved ☐ Not approved (Comments below)

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ABPM Reviewer__________________________________ Date of Review______________________________