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.

ABPM Office use only:
☐ Approved  ☐ Not approved (Comments below)

ABPM Reviewer ____________________________ Date of Review ____________________________