

# Meaningful Participation Attestation Form

Project Title: \_\_\_\_\_

ABMS Portfolio Project ID (if known): \_\_\_\_\_

Project Date Range: \_\_\_\_\_ --

## I. Clinician Participant Information

*(for more than one participant, attach a roster with all information requested below)*

1. Name: \_\_\_\_\_
2. Email: \_\_\_\_\_
3. Credential (e.g., RN, PA, NP, PharmD): \_\_\_\_\_
4. Role: \_\_\_\_\_

## II. Criteria for Meaningful Participation

To qualify for **20 CE Credits relevant to their profession** (*AMA PRA Category 1 Credits™*, ANCC, AAPA, etc.), the individual(s) above must have met **all** of the following requirements (check all that apply):

- **Active Involvement:** Participated in the planning, implementation, and/or evaluation of the QI project.
- **Data Review:** Engaged in the review of baseline and follow-up data to assess the impact of the intervention.
- **Collaborative Effort:** Attended project meetings and contributed to the iterative PDCA (Plan-Do-Study-Act) cycles.
- **Sustainability:** Contributed to the development or maintenance of the improvement over the project period.

## III. QI Leader Attestation

I, the undersigned QI Leader, attest that the individual(s) named above met the requirements for **Meaningful Participation** in the Quality Improvement project described. I confirm that their involvement was substantive and contributed to the project's goals.

QI Leader Name (Print): \_\_\_\_\_

Title/Department: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_