



This form should be completed by American Board of Family Medicine (ABFM)- certified physicians who seek Family Medicine Certification credit for completing an approved Performance Improvement (PI) activity. *Notes and Instructions are provided in this text.*

Physician and Activity Information

Name: _____

The Diplomat's name exactly as it is within the ABFM Physician Portfolio

ABFM Board ID: _____

ABFM Board IDs are 6 digits and begin with a 1 or zero.

Email Address: _____

Start Date of Participation: _____

End Date of Participation: _____

Activity Name: _____

Organization Name: _____

The organization sponsoring the approved activity

Physician Attestation:

Each individual physician must truthfully respond to the following questions

1. I was engaged in planning and executing a personal plan to improve my teaching skills (yes/no)
2. I practiced this skill over the course of the project (yes/no)
3. I reviewed the pre and post assessments (yes/no)
4. I met with the learner to discuss the performance improvement project (yes/no)
5. Describe your individual involvement in the project, including lessons learned:

By submitting this physician for Family Medicine Certification credit, the organization is indicating that the physician successfully completed their participation within the named activity meeting all of the requirements for meaningful participation.

Please note that applicable certification fees must be current for credit to be posted to the Diplomat's record