



# American Board of Family Medicine, Inc.

Quality Healthcare, Public Trust... Setting the Standards in Family Medicine

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

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**Name:**

*The Diplomate'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:**

*The start date may not be before the approval start date of the activity.*

**End Date of Participation:**

*The end date must be today's date or prior and may not exceed the approval end date of the activity.  
Future dates are not permitted.*

**Activity Name:**

**Organization Name:**

*The organization sponsoring the approved activity.*

## Physician Attestation

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*Each individual physician must truthfully respond to the following questions.*

1. **I was engaged in planning and executing the project (yes/no)**
2. **I was involved in the changes implemented during the project (yes/no)**
3. **I regularly reviewed data in keeping with the project's measurement plan (yes/no)**
4. **I participated in team meetings for the project (yes/no)**
5. **Describe your individual involvement in the project, including lessons learned: (free-text answer)**

*By submitting this physician for Family Medicine Certification credit, the organization is indicating that the physician has 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 Diplomate's record.