



APPLICATION FOR INSTITUTION/DEPARTMENT IMPROVEMENT IN MEDICAL PRACTICE (QI) ACTIVITY

This application is designed for diplomates seeking approval for individual or laboratory-specific quality assurance/performance improvement projects.

Instructions: Complete this form and return it by email to the ABMGG Continuing Certification Committee at moc@abmgg.org. Incomplete requests will not be reviewed. A response will be emailed to the email address provided below.

Personal Information

First Name:

Last name:

Email address:

Name of Quality Assurance or Performance Improvement Activity:

Sponsoring Institution or Department:

May ABMGG share this project description with other ABMGG diplomates? (excluding personal information)

Yes

No

Brief description of activity (What problem/gap in quality did your project address?):

Description of how performance is measured and statement of what constitutes an acceptable level of performance (what did this project aim to accomplish?):

Detailed description of your role in this project:

Description of how this activity led to improved practice:

Description of follow-up assessment and the method by which the effect of the activity is demonstrated:

Print Name: _____

Signature: _____ Date: _____