



# THE AMERICAN BOARD OF PATHOLOGY APPLICATION FOR INSTITUTION/DEPARTMENT IMPROVEMENT IN MEDICAL PRACTICE ACTIVITY

This application is designed for pathologists, institutions, or departments seeking approval for individual or laboratory-specific quality assurance/performance improvement projects.

## **INSTRUCTIONS:**

Step 1. Use a computer to fill in the information.

Step 2. When completed, either sign electronically or print the application and sign at the bottom.

Step 3. Submit the completed and signed application to ABPath via fax, email, or US Mail.

The Board's decision will be emailed to the contact address entered below. Turnaround time is usually two weeks.

- Fax to 813-930-7666, ATTN: CC
- Email as an attachment to [ABP-MOC@abpath.org](mailto:ABP-MOC@abpath.org)

<b>1. Name of Quality Assurance or Performance Improvement Activity:</b>	
<b>2. Sponsoring Institution or Department:</b>	
<b>3. Contact Name:</b>	<b>4. Contact Email:</b>

(THE FIELDS BELOW WILL EXPAND AS YOU TYPE.)

<b>5. May ABPath share this project description with other ABPath diplomates (excluding number 3 &amp; 4 above)?</b> YES      NO
<b>6. Brief description of activity:</b>
<b>7. Description of how performance is measured and statement of what constitutes an acceptable level of performance:</b>
<b>8. Description of performance feedback to participant(s), including frequency:</b>

**9. Description of how the activity can lead to improved practice:**

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

**11. Submitted by:**

**Name:**