



THE AMERICAN BOARD OF PATHOLOGY APPLICATION FOR INSTITUTION/DEPARTMENT MOC PART IV 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 physically.

Step 3. Submit the completed and signed application to ABP via fax, e-mail, or US Mail. The Board's decision will be emailed to the contact entered below. Turnaround time is usually two weeks.

- Fax to 813-289-5279, ATTN: MOC
- Scan as pdf file and e-mail as an attachment to ABP-MOC@abpath.org
- Mail to 4830 W. Kennedy Blvd., Suite 690, Tampa, FL 33609-2571, ATTN: MOC

1. Name of Quality Assurance or Performance Improvement Activity:	
2. Sponsoring Institution or Department:	
3. Contact Name:	Contact E-Mail:
4. Mailing Address:	Street
	City State Zip Code

(THE FIELDS BELOW WILL EXPAND AS YOU TYPE.)

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

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:

Signature

X

Printed Name: