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## THE AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE ~ APPLICATION FOR ABPM MOC EPIQ CREDIT 2006

## **GENERAL INFORMATION**

This form should be submitted <u>no later than 30 days\*</u> prior to your deadline for printing any promotional materials for the activity.

The American Board of Preventive Medicine's Enhancing Professional Improvement and Quality (EPIQ) Program leads to renewal of certification every ten years. It is required for physicians who were Board-certified by the ABPM in 1998 or later. Those certified before 1998 have the option to participate.

EPIQ credits require 3 self-assessment questions per CME credit. ABPM's maintenance of certification program is in compliance with the ABMS Maintenance of Certification© requirements. Maintenance of certification (MOC) is the board certification process for assessment of continuing competencies of physicians and encompasses recertification. All Member Boards of the American Board of Medical Specialties must provide MOC programs for their diplomates.

The Lifelong Learning and Self-assessment component is satisfied by the physician completing 100 hours of educational modules or approved specialty society courses/sessions and requires that each diplomat register with the Board and maintain a record of the completion of each module or course.

Activity Title (Name of Topic/Event):		
	al Event:	
	(Seminar, CD-Rom, Internet, Audio Cassette, Newsletter, etc)	
(	(Seminar, CD-Rom, Internet, Audio Cassette, Newsletter, etc)	
Date/Time:		
	C, EPIQ is Sought:	
Faculty Director:		
Phone:	Fax:	
E-Mail:		

Fee: Non Profit & For Profit Application Fee = \$50, <u>plus</u> Activity Fee: 1-8 Hrs = \$50; 9-16 Hrs = \$75; 17 Hrs & Above = \$100 Components Application Fee = \$50 (No Activity Fee is Assessed)

Please Note: All correspondence relating to this application will be forwarded to the key contact person via e-mail.

## QUESTIONS FOR ABPM MOC EPIQ SELF ASSESSMENT

Three questions are required for each contact hour, per ABPM. Please list the questions & answers below. You may use a separate sheet of paper if necessary.

Contact Hour No. 1			
Question 1:			
Answer 1:			
Question 2:			
Answer 2:			
Question 3:			
Answer 3:			
Contact Hour No. 2 Question 1:			
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Answer 1:			
Question 2:			
Answer 2:			
Question 3:			
Answer 3:			
Contact Hour No. 3			
Question 1:			
Answer 1:			
Question 2:			
Answer 2:			
Question 3:			
Answer 3:			
Contact Hour No. 4			
Question 1:			
Answer 1:			
Question 2:			
Answer 2:			
Question 3:			
Answer 3:			_
Contact Person:	Phone:	E-Mail	

Organization: Program Title: