**Activity Director’s Monthly Summary for MOC/CC**

* *Complete to satisfy the Maintenance of Certification/Continuous Certification requirements for the following activities providing MOC points*
	+ *ABIM Medical Knowledge Part II*
	+ *ABOHNS Part II*
	+ *ABOS Self-Assessment and Evaluation (effective 10.2023)*
	+ *ABP Lifelong Learning and Self-Assessment*
	+ *ABS Self-Assessment*
* *Submit to* *ContinuingEd@hhchealth.org* *by the 15th of each month for sessions held in the prior month*
* *Submit a* **separate** *document for each Regularly Scheduled Series*

**Activity Information**

* RSS Activity Name: **Click here to enter text.**
* HHC Division: **Click here to enter text.**
* Department: **Click here to enter text.**

**Attestation of Meeting Minimum Participation Threshold Requirements**

[ ]  I attest that all participants claiming credit for this activity met the minimum MOC participation threshold for this activity, including:

(1) Attended at least 85% of each session

(2) Actively engaged or participated in the activity and Q&A

[ ]  The following individuals did NOT meet the Minimum Participation Threshold for MOC credit as noted above (include participant’s name and date):

**Click here to enter text.**

**Activity Director’s Signature**

Activity Director Signature: **Click here to enter text.**

Activity Director Name: **Click here to enter text.** Date: **Click here to enter text.**

 **Monthly RSS Summary and Feedback to Learners**

*Summary Page MUST be sent to your activity’s mailing list and to* *ContinuingEd@hhchealth.org* *for MOC/CC credit to be awarded and approved for the month.*

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| --- | --- | --- | --- |
| ***Date*** | ***Topic*** | ***Brief Summary*** | ***Best Practice Recommendations or Next Steps*** |
| **Click here to enter text.** | **Click here to enter text.** | **Click here to enter text.** | **Click here to enter text.** |
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