**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*](mailto: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*](mailto:ContinuingEd@hhchealth.org) *for MOC/CC credit to be awarded and approved for the month.*

|  |  |  |  |
| --- | --- | --- | --- |
| ***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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