North Carolina Maintenance of Certification Program
Clean In, Clean Out—Hand Hygiene Compliance
Participation Requirements Attestation Form

Complete this form if you seek credit under Maintenance of Certification for Performance in Practice (Part IV) through the North Carolina Maintenance of Certification (NC MOC) Program. To be eligible for credit, you must satisfy all requirements for meaningful participation in an improvement project approved by the NC MOC program during your current MOC cycle.

Submit the completed form to your improvement project’s manager for review and approval by the project leadership. The NC MOC Program Office will forward completion documentation to the Multi-specialty MOC Portfolio Approval Program (Portfolio Program) at the American Board of Medical Specialties. The Portfolio Program Office will notify your specialty Board that you have met requirements for MOC Part IV. Submit completed form by November 7 of the year you wish to accrue the MOC credit.

Participant Information

1. Physician Name: ________________________________________________
2. DOB (MM/DD/YYYY): ___________________________________________
3. Email Address: ________________________________________________
4. Specialty Board Identification Number (not certificate number): __________
5. NPI Number: _________________________________________________
6. MOC Cycle Start Date: _______ End Date: __________

Participation Requirements (check boxes to indicate agreement)

☐ I satisfied the participation requirements during my current MOC cycle.

☐ I actively participated Clean In, Clean Out for at least 4 months
   Start Date: _______End Date: _______.

Please check which activities you completed (must complete 3 of 4 activities for approval):

☐ I participated in a pilot or spread team meeting for a specific unit or area.

☐ I completed at least 6 sets (60 observations across at least 4 calendar months) of hand hygiene audits over at least 4 months.

☐ I completed an action plan for increased Hand Hygiene Compliance.

☐ I piloted a new tool or Hand Hygiene compliance program intervention.
Reflection (check box to indicate agreement)

☐ I completed the summative survey during my current MOC cycle.
https://survey.unch.unc.edu/TakeSurvey.aspx?PageNumber=1&SurveyID=72218912&Preview=true#1

Signatures

I attest that I participated in this project as described above.

Signature of Participant Physician

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Date

Name and Title of Project Leader

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