

Reciprocal MOC Credit Attestation Form

Complete this Attestation Form if you are an American Board of Allergy & Immunology (ABAI) certified physician seeking reciprocal Maintenance of Certification (MOC) credit for participation in MOC with The American Board of Internal Medicine (ABIM) or The American Board of Pediatrics (ABP). To be eligible for credit, you must have satisfied all requirements for reciprocal credit as outlined in this attestation form. If your request is approved, you will be awarded Part II and Part IV MOC credit, which will be reflected on the ABAI Web Portal.

1. Name (first, middle, last)

2. ABAI Number (as listed on the ABAI Web Portal):

3. Date of Birth: _____/____

4. In order to receive ABIM/ABP reciprocal MOC credit you must meet the following requirements:

I am a diplomate of:• American Board of Internal Medicine (ABIM)• American Board of Pediatrics (ABP)

☐ I am in my current cycle of MOC with my primary boardand I have/will complete (submit documentation):

□ MOC Part II date completed: ___/___/

□ MOC Part IV date completed: ____/___/

I am currently participating in ABAI's MOC program

Please note that once you choose to participate reciprocally in the ABIM or the ABP MOC program, you will be expected to complete their entire Part II and Part IV program in order to receive credit in the ABAI MOC Program.

I attest that I meet the eligibility requirements for reciprocal credit as described above. I understand that providing false or misleading information on this attestation will be considered a violation of the ABAI honor code and could result in disciplinary action by the ABAI up to and including certificate revocation.

Signature of Participant Physician

Date

Please email, fax, or mail the attestation form to:

The American Board of Allergy & Immunology 1835 Market St, Suite 1210 Philadelphia, PA 19103 Email: abai@abai.org Fax: (215) 592-9411