

Application for ABPS Practice Assessment Credit for Registry Participation

Overview

The ABPS Continuing Certification program was designed to recognize the work that physicians are already doing to improve patient care in their practices. Participation in national registries followed by practice comparison to those of peers can result in improved practices. The ABPS will recognize this type of activity for the Practice Improvement component of Continuous Certification.

The approved registries at this time include: ASPS TOPS, ASPS GRAFT, ASPS NBIR, ASPS QCDR, ASPS NSQP, and The Aesthetic Society - ARISE.

To be eligible for credit, please submit the below Project Description and Attestation along with a report from the database that documents the complete entry of at least 10 cases of the same procedure. This report should display your practice results for this procedure compared to the registry aggregate.

The ABPS Continuous Certification committee will determine whether the project meets these goals and whether the project contains significant scope to warrant Continuous Certification credit.

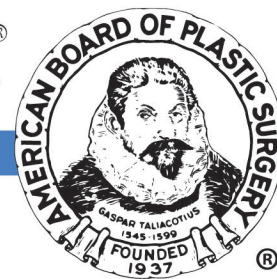
When the Practice Assessment plan and registry reports are submitted, the requirements will be satisfied in lieu of the Tracer Procedure Log on the Tracking Page for the current year.

Project Description and Attestation

Section 1: Participant Information

Provide the following details:

1. **Date of Submission:**
2. **Participant Name:**
3. **Society/Name of Database:**
4. **Procedure:**
5. **Beginning and end dates of attached report:**



Section 2: Reflection

In a few words, answer the following questions.

- 1. Based on this data, what change will you personally make to in your practice?**
- 2. What did you learn as part of participating in this activity?**
- 3. What barriers might you experience in trying to make your intended changes?**
- 4. What other next steps do you plan to make as a result of this Practice Assessment effort?**

Section 3: Physician Attestation and Signature

This attestation must be completed by the certified physician seeking Continuous Certification credit.

The physician must have participated in an approved registry and have satisfied all of the participation requirements of this Practice Assessment project.

I attest I participated in this Practice Assessment effort as described above.

_____ Date: _____

Physician Signature