



AMERICAN BOARD OF
PHYSICAL MEDICINE AND
REHABILITATION

A Member Board of the American Board of Medical Specialties

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Commission on Accreditation of Rehabilitation Facilities (CARF) Participation Form

Name of Accredited Institution:

Name of Diplomate:

ABPMR Diplomate ID Number:

I attest that I served in a hospital and/or program leadership role during the accreditation or re-accreditation process with CARF, with an accreditation date of

I understand that QI credit will be applied towards the current CC cycle in the year accreditation was issued.

Diplomate Signature

Date

When submitting this form, any relevant accreditation documentation provided by the Commission on Accreditation of Rehabilitation Facilities (CARF) must be included for credit.

Disclaimer:

Quality Improvement (QI) credit issued through the attestation of this form will apply to the Continuing Certification (CC) cycle in the year accreditation was issued. Please submit completed form and all relevant documents to office@abpmr.org.