



AMERICAN BOARD OF
PHYSICAL MEDICINE AND
REHABILITATION

A Member Board of the American Board of Medical Specialties

3015 Allegro Park Lane SW
Rochester, MN 55902-4139

507.282.1776
www.abpmr.org
office@abpmr.org

ACGME-Accredited Residency/ Fellowship Clinical Competency Committee (CCC) Participation Form

Name of Training Program(s):

Name of Diplomate:

ABPMR Diplomate ID Number:

I attest that the above named Diplomate of the American Board of Physical Medicine and Rehabilitation (ABPMR) has been an active participant of the Clinical Competency Committee (CCC) for a minimum duration of three (3) years (may be nonconsecutive)*.

QI credit will be applied towards the current CC cycle in which the final year of participation is completed.

Program Director (Print Name)

Program Director Signature

Date

****If you are the Program Director, you may self attest to your involvement as an active participant of the Clinical Competency Committee (CCC) using this form.***

Disclaimer:

Quality Improvement (QI) credit issued through the attestation of this form will apply to the Continuing Certification (CC) cycle in which the final year of participation was completed. Please submit completed form to office@abpmr.org.