



AMERICAN BOARD OF  
PHYSICAL MEDICINE AND  
REHABILITATION

A Member Board of the American Board of Medical Specialties

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## **Joint Commission Disease Specific Certification (JC-DSC) Participation Form**

Name of Certified Institution:

Name of Diplomate:

ABPMR Diplomate ID Number:

**I attest that I served in a program leadership role during the disease specific certification or recertification process with the Joint Commission, with a certification date of**

**I understand that QI credit will be applied towards the current CC cycle in the year certification or recertification was issued.**

Diplomate Signature

Date

***When submitting this form, any relevant certification documentation provided by the Joint Commission 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 certification was issued. Please submit completed form and all relevant documents to office@abpmr.org.***