



THE AMERICAN BOARD OF ANESTHESIOLOGY, INC.

Phone: (866) 999-7501 | Fax: (866) 999-7503 | Email: moca@theABA.org | Website: www.theABA.org

Registered CME Providers Authorization Form

Authorization to Release Information To Continuing Medical Education Providers

In connection with the American Board of Anesthesiology[®] Inc.'s ("ABA") Maintenance of Certification in Anesthesiology Program[®] ("MOCA[®]"), the ABA allows certain continuing medical education (CME) providers to electronically submit verification of a Diplomate's program participation in order to make it easier for ABA Diplomates to document fulfillment of their CME requirements. CME activities submitted to the ABA from a CME provider are NOT subject to audit by the ABA.

On occasion, the ABA is contacted by CME providers to obtain or verify certain Diplomate identifying information in order to submit program participation data to the ABA. Before the ABA may provide this information to a CME provider, the ABA must obtain authorization directly from the physician.

I hereby authorize the ABA to release my name, date of birth, date of medical school graduation, and ABA unique identification number to ABA registered CME providers. Please note that the ABA identification number is not my Social Security number.

I understand that the ABA does not review, evaluate, or monitor data received from registered CME providers.

Print Name: _____

Date: _____

Signature: _____

ABA IDN (if known) _____

Please fax this form to the ABA at 1-866-999-7503.

As an alternative, you may email this form as an attachment to moca@theABA.org.