

**ATTESTATION FORM FOR OSTEOPATHIC CONTINUOUS CERTIFICATION
COMPONENT 4 PRACTICE PERFORMANCE ASSESSMENT
AND IMPROVEMENT ACTIVITY**

I, _____, DO, attest that the information I have provided to complete the Osteopathic Continuous Certification (OCC) Component 4 Practice Performance Assessment and Improvement activity on _____ (topic) is accurate, to the best of my knowledge and ability.

I further attest that I have personally reviewed _____(number) patient charts from my practice as part of this activity. I have personally answered all questions relating to this module.

I understand that my specialty certifying board, in its review of my compliance with OCC requirements for the maintenance of my AOA board certification, may audit my OCC Component 4 activities submitted and give my consent and agreement to participate in any such audit. I understand that I must maintain the patient charts for which data has been submitted, and that these charts must be accessible in the event of an audit. If audited, I agree to provide the charts to my specialty certifying board and to do so in a manner consistent with HIPAA requirements and regulations.

Furthermore, I agree that data resulting from OCC Component 4 activities may be used in an anonymous/unidentifiable manner, for research and statistical purposes.

I understand that providing false or misleading information on this attestation or not cooperating with an audit may result in disciplinary action by the AOA, up to and including revocation of my AOA Board Certification and suspension or revocation of my membership status.