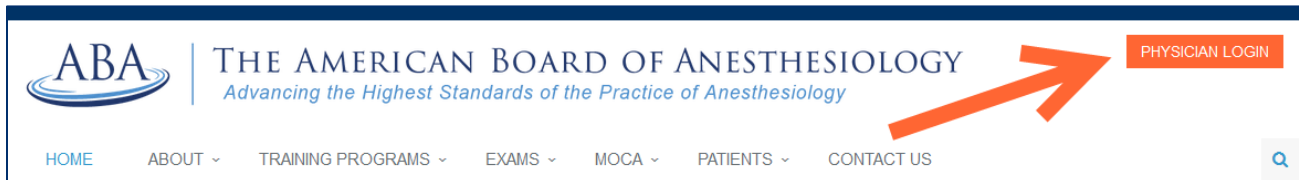




## MOCA 2.0<sup>®</sup> ANNUAL REGISTRATION GUIDE

If you have any questions, we're here to help! Contact us at (866) 999-7501 or [coms@theABA.org](mailto:coms@theABA.org) Monday through Friday from 8 a.m. to 5 p.m. EST.

1. Click on the orange "Physician Login" button on our website ([www.theABA.org](http://www.theABA.org)).



2. Log into your portal account with your ABA ID number, Social Security Number or the email address associated with your account. If you do not know your password, you can reset it.



3. Click on "Register for MOCA 2.0<sup>®</sup>" to begin your online registration. The "Access MOCA Minute<sup>®</sup>" link will be grayed out and inaccessible until you complete all MOCA 2.0 registration steps.



4. Complete all nine registration steps. If you're in Year 9 of your MOCA cycle, you'll have a tenth step - completing an Attestation by providing references to verify their clinical activity.

Click on the “Click to Complete” link beside Step 1: Medical License Verification to get started.

The orange text notates the MOCA 2.0 fees and the certificates you are maintaining. **If you would like to make any changes, please contact us at (866) 999-7501 BEFORE you register.**

⬇ **MOCA**

Register for MOCA 2.0®

MOCA 2.0 fee: \$210.00 annual participation fee for the first certificate maintained and an additional \$100.00 annual fee for each additional certificate maintained.

You are maintaining certificate(s) in: Anesthesiology, Hospice and Palliative Medicine, Pain Medicine

MOCA 2.0 Registration Steps	
Step 1: Medical License Verification	<a href="#">Click to Complete</a>
Step 2: Substance Abuse Statement	<a href="#">Click to Complete</a>
Step 3: Practice Area & Setting	<a href="#">Click to Complete</a>
Step 4: Independent Practice Requirement	<a href="#">Click to Complete</a>
Step 5: Nonstandard Request	<a href="#">Click to Complete</a>
Step 6: Acknowledgement and Release	<a href="#">Click to Complete</a>
Step 7: Copyright Release	<a href="#">Click to Complete</a>
Step 8: CME Release	<a href="#">Click to Complete</a>
Step 9: Annual MOCA 2.0 Payment	<b>Not Yet Available</b>

5. Answer the question about your medical licenses, add or update any medical licenses, and click on “Save.”

**Medical Licenses**
**Add New License**

\*Do you have, or have you ever had, a restriction, condition, reprimand, limitation, probation, suspension or revocation on a license to practice medicine in any state of the United States or province of Canada that was not reported to the ABA on your current registration or as an amendment to it?

Yes  No

Candidates for initial certification and ABA diplomates must report the state/province, license number, issue date and expiration date, for **every** U.S. or Canadian license you hold or have held at any time.

DO NOT report training licenses.

Candidates for initial certification and ABA diplomates have the affirmative obligation to advise the ABA of any and all restrictions placed on any of their medical licenses and to provide the ABA with complete information concerning such restrictions within 60 days after their imposition.

✔ - Is in good standing. ⚠ - Is inactive. ⊕ - Is Restricted or Revoked. ⊘ - License is expired.

If you currently hold or have held at any time a permanent medical license in at least one state or jurisdiction or the United States or province of Canada, then click [here](#).

DO NOT report training licenses.

6. You’ll be directed back to the registration screen. Click on the “Click to Complete” link beside Step 2: Substance Abuse Statement to start the next step.

⬇ **MOCA**

Register for MOCA 2.0®

MOCA 2.0 fee: \$210.00 annual participation fee for the first certificate maintained and an additional \$100.00 annual fee for each additional certificate maintained.

You are maintaining certificate(s) in: Anesthesiology, Hospice and Palliative Medicine, Pain Medicine

MOCA 2.0 Registration Steps	
Step 1: Medical License Verification	<b>Completed</b>
Step 2: Substance Abuse Statement	<a href="#">Click to Complete</a>
Step 3: Practice Area & Setting	<a href="#">Click to Complete</a>
Step 4: Independent Practice Requirement	<a href="#">Click to Complete</a>
Step 5: Nonstandard Request	<a href="#">Click to Complete</a>
Step 6: Acknowledgement and Release	<a href="#">Click to Complete</a>
Step 7: Copyright Release	<a href="#">Click to Complete</a>
Step 8: CME Release	<a href="#">Click to Complete</a>
Step 9: Annual MOCA 2.0 Payment	<b>Not Yet Available</b>

Page 2 of 10

- Answer the substance abuse questionnaire and click on "Continue." *If you report that you currently abuse alcohol or illegal drugs, you'll need to complete additional information before you can continue to the next step.*

**Substance Abuse Questionnaire**

STATEMENT INITIAL TREATMENT RECOVERY RELAPSE AFTERCARE CURRENT PRACTICE CONFIRM

**Alcohol and Drug use**

**ABA Policy**  
The ABA supports the intent of the Americans with Disabilities Act, which protects individuals with a history of alcohol abuse who are rehabilitated, and protects former drug users who currently do not use drugs illegally. Please see the ABA policy regarding alcohol and substance abuse cited in the Booklets of Information.

Please complete the following statements:

\* Alcohol Abuse:  \* Illegal Drug Use:

No, I currently do not abuse Alcohol.  
Yes, I currently abuse Alcohol.

Continue >>

\* Indicates required field

- In your Practice Profile, you'll define a percentage of the time you spend in various anesthesiology practice areas from the list provided. You may select one or more areas of practice, but your percentages must total 100 percent. Also, select your practice location from the dropdown menu. Then, click on "Submit."

Your practice profile and your certifications will guide your MOCA Minute questions, which we will use to assess your medical knowledge. You can update your practice profile at any time by clicking on "Modify Practice Profile" in the Part 3 section of your MOCA 2.0 Progress Report.

**Practice Area and Location**

**\*Step 1:** Define a percentage for each of your practice areas from the list below (must total 100%). Your selection(s) will guide the MOCA Minute™ questions you receive and on which you will be assessed.

Practice areas for which MOCA Minute™ questions are currently available (excludes Hospice and Palliative Medicine and Sleep Medicine):

Ambulatory/Outpatient	<input type="text"/>
Cardiac Anesthesia	<input type="text"/>
Critical Care Medicine	<input type="text"/>
General Operative Anesthesia	<input type="text"/>
Neuro Anesthesia	<input type="text"/>
Obstetric Anesthesia	<input type="text"/>
Pain Medicine	<input type="text"/>
Pediatric Anesthesia	<input type="text"/>
Regional Anesthesia/Acute Pain	<input type="text"/>
Thoracic Anesthesia	<input type="text"/>
Trauma	<input type="text"/>
Calculated Total...	0

**\*Step 2:** Select a primary practice location:

Choose your practice location  
Choose your practice location  
Academic Medical Center  
Ambulatory Surgery Center  
Community Hospital  
Office-Based Anesthesia  
Military  
Pain Clinic  
Specialty Hospital  
Not Clinically Active  
Other

\* Required Information

This site is supported on the following browsers: Microsoft Internet Explorer 10 or later, and Google Chrome Version 37 or later.  
The American Board of Anesthesiology  
Copyright © 2015 The American Board of Anesthesiology  
Medical Specialties.  
Reserved.


9. Complete the Independent Practice Release and click on “Save.”

**Independent Practice Release**

Although admission into the Maintenance of Certification in Anesthesiology Program<sup>®</sup> (MOCA<sup>®</sup>) and success with components of the program are important steps in the American Board of Anesthesiology, Inc. maintenance of certification process, they do not by themselves guarantee maintenance of certification. The Board reserves the right to make the final determination of whether each diplomate meets all of the requirements for maintenance of certification, including Professionalism and Professional Standing and the ability to perform independently in the specialty or subspecialty, with or without reasonable accommodation for disabilities, before awarding maintenance of certification.

Are you capable of performing independently in the practice of anesthesiology with or without reasonable accommodation?

Yes  No



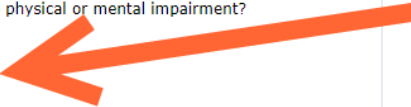
10. Answer whether you are requesting accommodation, and click on “Submit Request.”

**Request for Accommodation**

The ABA supports the intent of the Americans with Disabilities Act (ADA) to accommodate individuals with disabilities who demonstrate a need for reasonable accommodation. Individuals will be required to submit documentation of their need for a particular accommodation and the nature and severity of their disability. All individuals requesting examination under nonstandard conditions should read the [ABA Guidelines for Requesting Accommodations](#) on our website.

Are you requesting administration of an ABA examination or the MOCA Minute™ under nonstandard conditions to accommodate substantial limitations in your ability to take the examination or answer computer-based questions under standard conditions due to a physical or mental impairment?

Yes  No



11. Read the Acknowledge and Release Form (*shown on next page*) and click on the check box next to “I have read and understand the MOCA Acknowledge and Release Form as it pertains to MOCA certification.” Then, click on “Save.”

## Acknowledgement and Release Form

I, the undersigned registrant ("registrant"), hereby agree to participate in the American Board of Anesthesiology, Inc.'s (ABA) Maintenance of Certification in Anesthesiology™ Program (MOCA®). I acknowledge that my participation is subject to the ABA rules and regulations, all of which may be amended from time to time without further notice. I further acknowledge and agree that all MOCA fees paid to the ABA are non-refundable.

I represent and warrant to the ABA that all information I provide to the ABA is true, correct and complete in all material respects. I understand and acknowledge that any material misstatement or omission over the course of my MOCA cycle shall, at any time, constitute cause for disqualification from the MOCA program or from the issuance of an ABA certificate or to forfeiture and redelivery of such ABA certificate to the ABA.

I agree that this acknowledgement, as submitted by me, shall survive the electronic submission of the registration, regardless of whether or not the information or data provided during my participation in the program has been reformatted in any manner by the ABA. I also agree that this acknowledgement is a part of and incorporated into the annual registration, whether submitted along with the registration or not.

I acknowledge that I have read a copy of the ABA Policy Book. I agree to be bound by the policies, rules, regulations and requirements published in the book, in all matters relating to consideration of and action upon my participation in the MOCA program, and certification should it be granted. I understand that ABA certificates are subject to ABA rules and regulations, all of which may be amended from time to time without further notice. In addition, I understand and acknowledge that in the event I have violated any of the ABA rules governing my registration and/or certification, such violations shall constitute cause for disqualification from the ABA MOCA program or from the issuance of an ABA certificate or for revocation of certification and indication of such action in the ABA Diplomate and Candidate Directory.

In connection with my status in the MOCA program, I authorize all persons holding testimony, records, documents, opinions, information and data relevant to or pertaining to my professional competence and ethical conduct and/or behavior (the "Background Information") to release such Background Information to the ABA, its employees and agents. This authorization applies whether or not such persons are listed as a reference on my registration. Background Information includes anything relating to any abusive use of alcohol and/or illegal use of drugs, and any medical or psychiatric treatment or rehabilitation related thereto. I understand that such Background Information may be used to determine or verify my qualifications as a diplomate in the ABA MOCA program. A copy of this release may accompany any request made by the ABA for such Background Information.

I authorize the ABA to: (1) report my participation status in the MOCA program, and (2) use a pattern of responses in psychometric analyses to confirm observations and reports of suspected irregularities on the answering of MOCA Minute questions. I understand and agree that once I elect to participate in the MOCA program, my consent cannot be withdrawn for prior obtained and reported information. To withdraw from the MOCA program and the prospective reporting of information, I understand that I must notify the ABA in writing to the attention of [MOCA@theABA.org](mailto:MOCA@theABA.org).

I also understand that the ABA may use any and all Background Information for the purpose of conducting longitudinal studies to assess the ABA certification process or the Maintenance of Certification program. I further understand that the ABA, alone or in collaboration with other researchers, may use information from the registration, testing, assessment, and certification process, including my participation in the MOCA program (the "Assessment Information"), to conduct scientific research relating to anesthesiologists, the practice of anesthesiology and/or the education of anesthesiologists. Any and all information used for research may be reported or released to the public only in the aggregate without any individual identification.

Use of any Background Information or Assessment Information for analysis or research will not impact in any way my registration, MOCA participation or certification status. I understand and agree that should I not wish to my information to be used for research purposes, I must notify the ABA in writing to the attention of [researchchoptout@theABA.org](mailto:researchchoptout@theABA.org) to opt out and withdraw consent for my information to be used as part of research studies. I cannot opt out and consent cannot be withdrawn once my information has been de-identified and/or aggregated as part of any research study.

I release and agree to hold harmless each person from any liability to me arising out of the giving or releasing of information to the ABA. This release and agreement includes liability for the inaccuracy or untruth of the information, so long as such Information is provided in good faith. I also release and agree to hold harmless the ABA and its agents and employees, including but not limited to its directors, officers and examiners, from any liability to me as a result of any acts or proceedings undertaken or performed in connection with my participation in the MOCA program, provided such acts or proceedings are made or conducted in good faith.

I also authorize the ABA to use any and all information for the purpose of conducting longitudinal studies to assess the ABA certification process or the MOCA program. Finally, I authorize the ABA and researchers conducting research on behalf of the ABA to use any and all information for the purpose of conducting scientific research relating to anesthesiologists, the practice of anesthesiology and/or the education of anesthesiologists, including but not limited to any information about substance abuse. Such information may be reported or released only in the aggregate, and any results of such studies will have no direct bearing on my registration or certification status.

Subject to applicable state and federal law requirements and the specific authorization herein, the ABA shall hold all information in confidence.

I release and agree to hold harmless each person from any liability to me arising out of the giving or releasing of information to the ABA. This release and agreement includes liability for the inaccuracy or untruth of the information, so long as such Information is provided in good faith. I also release and agree to hold harmless the ABA and its agents and employees, including but not limited to its directors, officers and examiners, from any liability to me as a result of any acts or proceedings undertaken or performed in connection with my participation in the MOCA program, provided such acts or proceedings are made or conducted in good faith.

**Before proceeding to the next section, please read and acknowledge the following statement:**

I have read and understand the MOCA Acknowledgement and Release form as it pertains to MOCA certification.

**By checking the above box, you are affixing your legal electronic signature to this document.**

12. Read the copyright policy and click the checkbox next to “I have read and understand...” Then, click on “Save.”

**Copyright Policy**

MOCA Minute™ questions are proprietary information of the American Board of Anesthesiology, Inc. (ABA) and are the ABA’s copyrighted material. By your registration for the Maintenance of Certification in Anesthesiology Program® (MOCA®), you agree not to share, copy, create derivative works, or otherwise distribute the questions to any third party for profit without the ABA’s explicit written consent. MOCA Minute questions are the sole property of the ABA.

Diplomates are expected to participate in MOCA Minute with the highest level of professionalism and integrity, and as such are required to answer their own MOCA Minute questions and not assist other diplomates in answering theirs or seek the assistance of others.

Diplomates found to have violated the copyright protection by engaging in the aforementioned activities, received or gave assistance in the answering of MOCA Minute questions, or in some other conduct or manner, will be subject to disciplinary actions by the ABA, which may include permanent disqualification from MOCA.

**Before proceeding to the next section, please read and acknowledge the following statement:**

I have read and understand all of the foregoing, including the Copyright Policy, as it pertains to my registrations for MOCA.

**By checking the above box, you are affixing your legal electronic signature to this document.**

13. Read the CME Release Form, and select either “I agree” or “I do not agree.” Then, click on “Submit.”

**CME Release Form**

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 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 diplomate.

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.

**Electronic Signature**

I agree By selecting “I agree” I acknowledge that this is my legally binding “electronic signature” for this authorization.

I do not agree Selecting “I do not agree” does not affect my participation in MOCA®. By selecting “I do not agree”, I regain full responsibility for reporting all my CME activities via my ABA portal account. The ABA will continue to accept my program participation from CME providers if I provide my ABA ID number directly to the provider.

14. Once all other steps show as “Completed,” the “Click to Complete” link will appear next to Step 9: Annual MOCA 2.0 Payment. Click on “Click to Complete.”

**MOCA**

[Register for MOCA 2.0](#)

MOCA 2.0 fee: \$210.00 annual participation fee for the first certificate maintained and an additional \$100.00 annual fee for each additional certificate maintained.

You are maintaining certificate(s) in: Anesthesiology, Hospice and Palliative Medicine, Pain Medicine

**MOCA 2.0 Registration Steps**

Step 1: Medical License Verification	<a href="#">Completed</a>
Step 2: Substance Abuse Statement	<a href="#">Completed</a>
Step 3: Practice Area & Setting	<a href="#">Completed</a>
Step 4: Independent Practice Requirement	<a href="#">Completed</a>
Step 5: Nonstandard Request	<a href="#">Completed</a>
Step 6: Acknowledgement and Release	<a href="#">Completed</a>
Step 7: Copyright Release	<a href="#">Completed</a>
Step 8: CME Release	<a href="#">Completed</a>
Step 9: Annual MOCA 2.0 Payment	<a href="#">Click to Complete</a>

[Review Your Progress](#)

Access MOCA Minute®

15. Click on “Make Payment” to enter your credit card information.

**MOCA 2.0® Payment Confirmation**

Click the “Make Payment” button to pay your annual MOCA 2.0 fee. If you have a credit on account, it will be reflected below.

MOCA 2.0 fee: \$210.00 annual participation fee for the first certificate maintained and an additional \$100.00 annual fee for each additional certificate maintained.

You are maintaining certificate(s) in: Anesthesiology, Pain Medicine, Hospice and Palliative Medicine

All fees are non-refundable.

MOCA 2.0	FEE
MOCA 2.0 Annual Registration Fee	\$410.00
<b>TOTAL:</b>	<b>\$410.00</b>

[Cancel](#) [Make Payment](#)

*If you have a credit on account, no payment will be required. Click on “Complete.”*

**MOCA 2.0® Payment Confirmation**

Our records indicate that you have a credit on account, so no payment is required. Click the “Complete” button to finish your registration.

MOCA 2.0 fee: \$210.00 annual participation fee for the first certificate maintained and an additional \$100.00 annual fee for each additional certificate maintained.

You are maintaining certificate(s) in: Anesthesiology, Pain Medicine, Hospice and Palliative Medicine

MOCA 2.0	FEE
MOCA 2.0 Annual Registration Fee	\$410.00
MOCA 2.0 Annual Registration Fee	\$-410.00
<b>TOTAL:</b>	<b>\$ .00</b>

[Cancel](#) [Complete](#)

16. Enter your credit card information and your email so we can email you a receipt. Then, click the Pay button.

**Order Summary**

Description	MOCA 2.0 Registration	Total	\$ 410.00
-------------	-----------------------	-------	-----------

Invoice Number: ebaaa9f6-f4e1-4f97-b

Card Number • Exp. Date • Card Code •

**Billing Address**

First Name • Last Name •

USA Zip •

Street Address • City •

State • Phone Number

Email •

Pay Cancel

17. Then, you will see the payment confirmation screen. Click the Continue button to return to your portal.

The ABA

Wed Feb 27 2019 9:08:56 AM

Thank-you for your business!

\$410.00

[Hide Details](#)

Total \$410.00

**Billing Information**

Ann Example, M.D.

Paid By Visa XXXX1111 Invoice Number: ebaaa9f6-f4e1-4f97-b  
Authorization Code: E026DM Description: MOCA 2.0 Registration  
Transaction ID: 60117249964

18. After you finish registering, you can click on “Review your Progress” from your portal home page to see your new Progress Report. You can also click on “Access MOCA Minute” to begin answering MOCA Minute questions.





19. If you clicked on “Review Your Progress,” you will see your certification summary screen. There will only be one set of MOCA 2.0 requirements and one progress report, no matter how many certificates you are maintaining.
20. From your Progress Report (*shown on next page*), you can view your progress and participation status for MOCA, report activities, access your Question History, see your Knowledge Gaps Report and view your MOCA Minute performance. Click on “Home” at the top to return to the portal home page.



Progress Report

MOCA 2.0® - Certificate Number: 99999

Certification	Expires	Type	Status	Participating in MOC	MOCA Cycle Status
Anesthesiology	12/31/2022	Time Limited	Certified	Yes	In Progress
Hospice and Palliative Medicine	12/31/2022	Time Limited	Certified	Yes	In Progress
Pain Medicine	12/31/2023	Time Limited	Certified	Yes	In Progress

MOCA Cycle 04/27/2012-12/31/2022

Below is your Maintenance of Certification in Anesthesiology (MOCA) Progress Report. For questions, please contact the ABA Communications Center at (866) 999-7501 or email [COMS@theABA.org](mailto:COMS@theABA.org).  
[View policy on reporting MOCA participation.](#)

**Part 1 Professionalism and Professional Standing (PPS)** Update or Add Medical Licenses  
Medical Licensure

Current Status: **Satisfactory**

**Part 2 Lifelong Learning and Self-Assessment (LLS)** Report / View CME

From 2006 to 2012, a maximum of 70 CME credits will be accepted per calendar year.  
Beginning in 2013, a maximum of 60 CME credits will be accepted per calendar year.

Required	Applied	
Min 250	144.25	Category 1
	105.75	Remaining Required

The following activities are required as part of the minimum number of Category 1 CME credits.

Required	Applied	
Min 20	11.00	Patient Safety Click <a href="#">here</a> for ABA-approved activities

**Part 3 Assessment of Knowledge, Judgment, and Skills (KJS)** Modify Practice Profile

<p>How many MOCA Minute questions have I answered?</p> <p style="font-size: 2em; font-weight: bold; text-align: center;">0 of 30</p> <p>Answer a total of 120 by Dec. 31</p>	<p><b>What do I need to do to meet the 30 questions per quarter (120 per year) requirement?</b></p> <ul style="list-style-type: none"> <li>» <a href="#">Give me a MOCA Minute Question</a></li> <li>» <a href="#">See my quarterly question breakdown</a></li> <li>» <a href="#">See my question history</a></li> </ul>
<p>How many questions have I answered incorrectly?</p> <p style="font-size: 2em; font-weight: bold; text-align: center;">0</p>	<p><b>How do I address my knowledge gaps?</b></p> <ul style="list-style-type: none"> <li>» <a href="#">See my knowledge gaps report</a></li> <li>» <a href="#">See my question performance vs. peers</a></li> </ul>
<p>Of the questions I've answered, my performance is</p> <p style="font-size: 2em; font-weight: bold; text-align: center;">-</p> <p>≥ 0.10 = Meeting the standard</p>	<p><b>What does that mean for me?</b></p> <ul style="list-style-type: none"> <li>» <a href="#">See my current performance chart</a></li> <li>» <a href="#">See my performance history</a></li> <li>» <a href="#">Learn more about how my performance is measured</a></li> </ul>

**Part 4 Improvement in Medical Practice (IMP): Formerly PPAI** Report/View Activities

[Click here](#) to view approved Part 4 activities.

- IMP-1** Requirement satisfied on 11/30/2013.
- IMP-2** IMP-1 and IMP-2 may not be completed in the same year.  
Complete **25 points** between 01/01/2018 and 12/31/2022.
- IMP-3** Complete an **Attestation** between 01/01/2021 and 12/31/2021.

\*Additional Attestations may be needed for diplomates maintaining more than one certificate.

**Additional Requirements**

Current Year Requirements [Signed 01/08/2018](#)