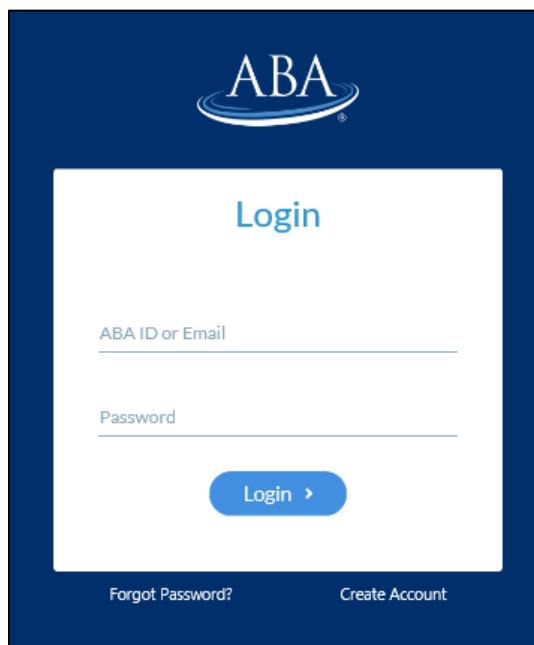




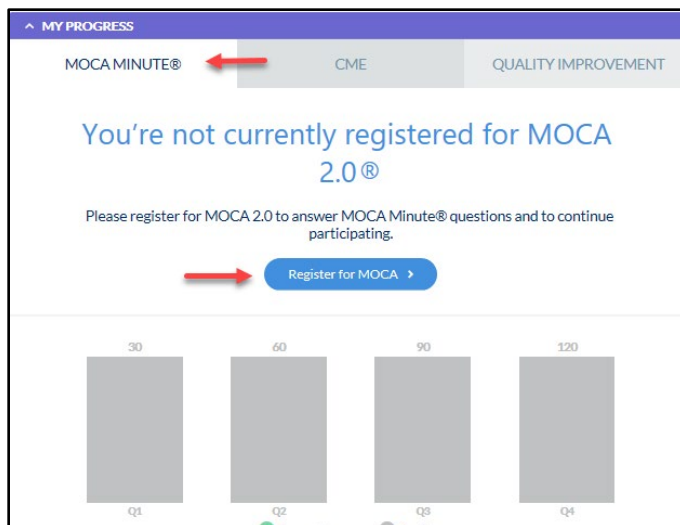
Step 1: Click on the “Login” button on our website (www.theaba.org).



Step 2: Log into your portal account with your ABA ID number or the email address associated with your account. If you do not know your password, click “Forgot Password?” to reset it.



Step 3: Click on “Register for MOCA” to begin your online registration. You will not have access to the MOCA Minute questions until you complete all MOCA 2.0 registration steps.



Step 4: Complete registration steps. *If you're in Year 9 of your MOCA cycle, you'll have an additional step - completing an Attestation by verifying your clinically activity. If you would like to make any changes to your registration, please contact us at (866) 999-7501 BEFORE you register.*

Answer the question about your medical licenses, add or update any medical licenses, and click on "Continue."

MEDICAL LICENSE VERIFICATION STEP 1 OF 10

Medical License

Candidates for initial certification and diplomates must report the state/province, license number, issue date and expiration date for **every** U.S. or Canadian license held.

They have the affirmative obligation to advise us of all restrictions placed on their medical licenses and to provide complete information about restrictions within 60 days of their imposition.

DO NOT report training licenses.

| State | License # | Status | Exp Date | Edit |
|-------|-----------|--------------|------------|-------------------------------------|
| AZ | 60566 | Expired | 09/18/2020 | <input checked="" type="checkbox"/> |
| CA | A-70052 | Satisfactory | 09/30/2021 | <input checked="" type="checkbox"/> |
| NV | 16636 | Satisfactory | 06/30/2021 | <input checked="" type="checkbox"/> |

[+ Add New License](#)

Please Answer the Following Statement

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

* Required field

Continue >

Step 5: Answer the substance abuse statement 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.*

Registration for MOCA 2.0 Program

SUBSTANCE ABUSE STATEMENT STEP 2 OF 10

Alcohol and Drug Use

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 our policy regarding alcohol and substance abuse in the [Policy Book](#).

Please complete the following statements:

Alcohol Abuse * → ▾

Illegal Drug Use * → ▾

* Required field

Previous → Continue >

Step 6: In your Practice Area and Settings, 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 "Continue."

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 MOCA Minute section of your Progress Report.

Registration for MOCA 2.0 Program

PRACTICE AREA & SETTING STEP 3 OF 10

Modify Practice Areas

Below are the practice areas for which MOCA Minute® questions are currently available. 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 Area | Percentage |
|------------------------------------|------------|
| Ambulatory / Outpatient | 0 |
| Cardiac Anesthesia | 0 |
| Critical Care Medicine | 0 |
| General Operative Anesthesia | 0 |
| Neuro Anesthesia | 0 |
| Obstetric Anesthesia | 0 |
| Pain Medicine | 0 |
| Pediatric Anesthesia | 0 |
| Regional Anesthesia / Acute Pain | 0 |
| Thoracic Anesthesia | 0 |
| Trauma | 0 |
| Calculated Total | 0 |
| Select Primary Practice Location * | |
| Other | → |
| Primary Practice Location * | |

* Required field

Previous → Continue >

Step 7: Complete the Independent Practice Release and click on “Continue.”

Registration for MOCA 2.0 Program

INDEPENDENT PRACTICE REQUIREMENT STEP 4 OF 10

Although admission into the MOCA program and success with components of the program are important steps in the ABA 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 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 and/or any of its subspecialties without accommodation or with reasonable accommodation? *

Yes No

* Required field

Previous → Continue >

Step 8: Answer whether you are requesting accommodation and click on "Continue".

Registration for MOCA 2.0 Program

NONSTANDARD REQUESTSTEP 5 OF 10

Page 5 of 5

^ InstructionsEdit

We support 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 exam or MOCA Minute under non-standard conditions should read our [Guidelines for Requesting Accommodations](#).

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

Yes No

* Required field

Previous → Continue >

Step 9: Read the Acknowledge and Release Form 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 "Continue."

Registration for MOCA 2.0 Program

ACKNOWLEDGEMENT AND RELEASE STEP 6 OF 10

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

I, the undersigned registrant ("registrant"), hereby agree to participate in the American Board of Anesthesiology (ABA) Maintenance of Certification in Anesthesiology™ (MOCA) program. 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 for 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 Diplomat 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 legal 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 analysis 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 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.

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 for my information to be used for research purposes, I must notify the ABA in writing to the attention of researchoptout@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 accuracy 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 have read and agree to the MOCA Acknowledgement contract. *

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

* Required field

Previous
→
Continue >

Step 10: Read the copyright policy and click the checkbox next to "I have read and understand..." Then, click on "Continue."

Registration for MOCA 2.0 Program

COPYRIGHT RELEASE STEP 7 OF 10

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

MOCA Minute questions are proprietary information of the American Board of Anesthesiology (ABA) and are the ABA's copyrighted material. By your registration for 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.

I have read and understand all of the foregoing, including but not limited to the Copyright Policy, as it pertains to my registration for MOCA. *

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

* Required field

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Continue >

Step 11: Read the CME Release Form and select either "I agree" or "I do not agree." Then, click on "Continue."

Registration for MOCA 2.0 Program

CME RELEASESTEP 8 OF 10

In connection with the American Board of Anesthesiology® Inc.'s (ABA) Maintenance of Certification in Anesthesiology™ (MOCA®) program, 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 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.

I Agree - by selecting "I Agree," I acknowledge this as 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 providers.

* Required field

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Continue >

Step 12: You now have the option to earn CME credits for answering MOCA Minute® questions. CME is awarded by the American Society of Anesthesiologists (ASA) and is offered at no charge to ASA members. If you wish to earn credits for answering MOCA Minute questions in the requisite quarter, check the box next to "I agree" to opt-in and click on "Continue."

Registration for MOCA 2.0 Program

CME FOR MOCA MINUTE

STEP 9 OF 10

Activity Description:
MOCA Minute helps ABA diplomates assess their medical knowledge and gauge retention throughout their 10-year MOCA cycle. ABA diplomates are being given the option to earn CME credit by answering 30 questions in the quarter in which they are intended. The CME diplomates earn will be issued by the ASA in the subsequent calendar year. ABA diplomates can opt into this opportunity by agreeing below.

Fees:
ASA members will receive credits at no charge and non-members will be charged \$160. The ABA will not receive any remuneration for this program.

Data Sharing:
If you opt into this opportunity by agreeing below, you agree to let the ABA share your ABA ID number, NPI number and email address with the ASA.

Target Audience:
Anesthesiologists who are participating in the ABA MOCA program.

Learning Objectives:
At the conclusion of this activity, participants should be able to:

- Identify knowledge gaps
- Enhance medical knowledge
- Continuously assess areas of strengths and weaknesses
- Close gaps and reinforce existing knowledge

Accreditation and Credit Designation Statements:
This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the American Society of Anesthesiologists (ASA) and the American Board of Anesthesiology. The American Society of Anesthesiologists is accredited by the ACCME to provide continuing medical education for physicians. The American Society of Anesthesiologists designates this enduring activity for a maximum of 10 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Disclosure Statement:
The American Society of Anesthesiologists remains strongly committed to providing the best available evidence-based clinical information to participants of this educational activity and requires an open disclosure of any potential conflict of interest identified by our faculty members. It is not the intent of the American Society of Anesthesiologists to eliminate all situations of potential conflict of interest, but rather to enable those who are working with the American Society of Anesthesiologists to recognize situations that may be subject to question by others. All disclosed conflicts of interest are reviewed by the educational activity course director/chair to ensure that such situations are properly evaluated and, if necessary, resolved. The American Society of Anesthesiologists educational standards pertaining to

- Close gaps and reinforce existing knowledge

Accreditation and Credit Designation Statements:
This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the American Society of Anesthesiologists (ASA) and the American Board of Anesthesiology. The American Society of Anesthesiologists is accredited by the ACCME to provide continuing medical education for physicians. The American Society of Anesthesiologists designates this enduring activity for a maximum of 10 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Disclosure Statement:
The American Society of Anesthesiologists remains strongly committed to providing the best available evidence-based clinical information to participants of this educational activity and requires an open disclosure of any potential conflict of interest identified by our faculty members. It is not the intent of the American Society of Anesthesiologists to eliminate all situations of potential conflict of interest, but rather to enable those who are working with the American Society of Anesthesiologists to recognize situations that may be subject to question by others. All disclosed conflicts of interest are reviewed by the educational activity course director/chair to ensure that such situations are properly evaluated and, if necessary, resolved. The American Society of Anesthesiologists educational standards pertaining to conflict of interest are intended to maintain the professional autonomy of the clinical experts inherent in promoting a balanced presentation of science. Through our review process, all American Society of Anesthesiologists activities are ensured of independent, objective, scientifically balanced presentations of information. Disclosure of any or no relationships will be made available for all educational activities.

Disclosures:
All planners, faculty, and staff have disclosed no relevant financial relationships with commercial interests.

Disclaimer:
The information provided at this activity is for continuing education purposes only and is not meant to substitute for the independent medical judgment of a healthcare provider relative to diagnostic and treatment options of a specific patient's medical condition.

I Agree - by selecting "I Agree," I acknowledge this as my legally binding "electronic signature" for this authorization.

I Do Not Agree - selecting "I Do Not Agree" does not affect my participation in MOCA.

* Required field

Previous

Continue >

Step 13: If you are in your 9th year of your MOCA cycle you will have this additional step – completing an Attestation by verifying your clinical activity.

Registration for MOCA 2.0 Program

ATTESTATION STEP 9 OF 10

Practice Requirements

Physicians must have on file with the Board documentation attesting to the current privileges and evaluations of various aspects of his or her current practice of anesthesiology. Such evaluations will include verification that the physician meets the Board's clinical activity requirement by spending, on average, at least one day per week during 12 consecutive months over the previous three years in the clinical practice of anesthesiology and/or related subspecialties.

Have you spent on average, at least one day per week during 12 consecutive months over the previous three years in the clinical practice of anesthesiology and/or related subspecialties? *

The Attestation is due in your 9th year

* Required field

→

Step 14: Annual MOCA 2.0 Payment – verify the information listed. If you have a credit on account, no payment will be required. Click on “Complete.”

Registration for MOCA 2.0 Program

ANNUAL MOCA 2.0 PAYMENT STEP 10 OF 10

MOCA 2.0® Payment Overview

*All fees are non-refundable

| Item | Fee |
|-----------------------------|-----|
| MOCA 2.0 Annual Program Fee | |

Total:

Notes

You are maintaining certificate(s) in:

MOCA 2.0 fee: You'll pay \$210 each year for the first certificate you maintain. For each additional, different certificate you'll pay an annual \$100 program fee.

Click the "Continue" button to pay your annual MOCA 2.0 fee. If you have a credit on your account, it will be reflected above.

* Required field

→

Step 15: 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 Annual Program Fee | Total |
|----------------|-----------------------------|-------|
| Invoice Number | 9eea6695-dedc-4168-b | |

Card Number * Exp. Date * Card Code *

Billing Address

First Name * Last Name *

Billing Country *
 USA ▼ Zip *

Street Address * City *

State * Phone Number

Email *

Step 16: Then, you will see the payment confirmation screen. Click the Continue button to return to your portal.

THE AMERICAN BOARD OF ANESTHESIOLOGY

Fri Dec 18 2020 11:04:52 AM

Thank you for your payment.

[Hide Details](#)

Total \$ 310.00

Billing Information

Paid By Visa XXXX1111 Invoice Number:
 Authorization Code: Description: MOCA 2.0 Annual Program Fee
 Transaction ID:

Step 17: After you finish registering, you will be re-directed to your Dashboard and you can begin answering your MOCA Minute questions. You may also view your registration.

^ MY PROGRESS

MOCA MINUTE®

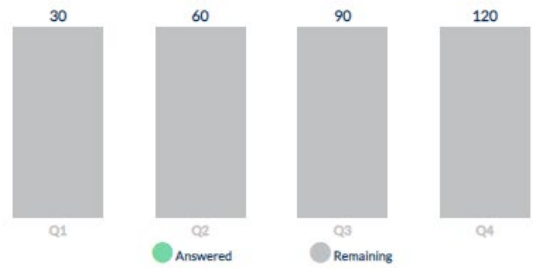
CME

QUALITY IMPROVEMENT

Are you ready to answer a question?

Your MDT is not currently available

Yes >



Performance Standard ?

Your MDT is not currently available



☰ My Progress Report

🕒 My Question History

^ REGISTRATION

| Name | Progress | Action |
|------------------|---|--------|
| MOCA 2.0 Program | <div style="width: 100%;"><div style="width: 100%;"></div></div> 100% | View |

