



Peer Review Verification for ABIM MOC II Activities



Name of Reviewer: _____

Activity name: _____

Date of Activity: _____

Please complete the following based on your review:

☐ Yes ☐ No Activity content is relevant to physicians certified by ABIM.

☐ Yes ☐ No Activity design is appropriate.

☐ Yes ☐ No Activity is fair and balanced.

**On the basis of the information provided, I have determined that this activity is
(*please select one*):**

<input type="checkbox"/>	Acceptable for CME /MOC 2 credits
<input type="checkbox"/>	Acceptable with revisions for CME/MOC 2 credits
Suggested Revisions:	
<input type="checkbox"/>	Not acceptable for CME /MOC 2 credits
Reason:	

Reviewer's Signature _____

_____ Date

As a reviewer for the provided content, you attest that you are a clinician who is sufficiently familiar with the material to assess whether the materials are fair, accurate, and free of commercial bias.