

AI Centers of Excellence Recognition Program

Completed Sample Application

Moon University Department of Family Medicine

Applicant Reference Only: Moon University and all people, programs, activities, metrics, and supporting documents in this completed sample are fictional. The sample is designed to illustrate how applicants might describe current capability, connect claims to evidence, and reference relevant pages or sections within uploaded documents.

Survey Overview

Stage	Name	What happens
1	Organization and Contact Details	Organization identity and contact information
2	Domain, Subdomain, & Level Selection	Applicant selects the areas and levels for which narrative and evidence will be submitted
3	Subdomain Evidence	Narrative responses (3,000-character limit) and 1-5 supporting documents per domain
4	Review & Submit	Cross-domain context, attestation, payment, and submission

Part 1 - Organization and Contact Details

Organization Name	Moon University Health
Applying Unit or Program	Moon University Department of Family Medicine
Organization Type and Setting	Academic Department; Health System; Clinic Network
Primary Location(s)	Harbor City, United States; 18 outpatient practices across the Harbor City region
Primary Applicant Contact	Jordan Lee, MD, Associate Chair for Clinical Innovation; jordan.lee@example.org; (555) 010-2040
Alternate / Administrative Contact	Taylor Morgan, MPH, Program Manager; taylor.morgan@example.org; (555) 010-2041
Senior Sponsor	Alex Rivera, MD, Chair, Department of Family Medicine; alex.rivera@example.org
Website or Public Profile	www.example.org/moon-family-medicine

Part 2 - 1-Star Subdomain Selection Summary

For applicant-reference purposes, Moon University selected all 16 subdomains that contain a 1-Star criterion. Each example below is written to demonstrate the criterion and to show how applicants can connect a concise narrative to specific supporting evidence.

Domain	1-Star subdomain	Selected
1	Identified AI roles	Yes
1	Research-operations translation	Yes
2	Oversight & shared learning	Yes
2	Framework-guided implementation	Yes
2	Transparent AI inventory	Yes
2	Privacy-safe AI use	Yes
2	Training & adoption support	Yes
3	AI education strategy	Yes
3	Faculty development	Yes

MOCK APPLICATION - APPLICANT REFERENCE

3	Fair access to approved tools	Yes
4	Health equity & community-informed design	Yes
5	Research / QI / deployment pathway	Yes
5	AI intake, triage, & routing	Yes
5	Transparency & disclosure	Yes
6	IT / informatics partnership	Yes
6	Infrastructure, datasets, & support	Yes

Part 3a - Supporting Narrative & Evidence Submission

Domain 1: Research, Innovation, & External Collaboration

This domain examines how family medicine organizations coordinate AI-related work and connect research and evaluation with operational needs.

Sample application note: Moon University provides a response for every subdomain that has a 1-Star criterion so applicants can see a range of narrative and evidence examples. In an actual application, applicants should select and submit only criteria they believe their current evidence supports.

1.1. Identified AI Roles

Level Selected	1-Star
1-Star Criterion	Identify one or more individuals with responsibility to help build and coordinate family medicine AI capability.

Describe how your organization demonstrates achievement within this subdomain. (3000 character limit)

In January 2026, the Department Chair formally appointed an Associate Chair for Clinical Innovation to coordinate the department's AI-related work. The appointment letter assigns responsibility for connecting clinical, research, education, and operations stakeholders; serving as the department's liaison to enterprise informatics, privacy, and data science teams; and helping teams identify the appropriate pathway for AI-related questions, pilots, and partnerships. The Associate Chair receives 0.10 FTE protected time and is supported by a program manager with 0.20 FTE assigned to AI coordination. Both roles appear on the departmental organizational chart, and their responsibilities are reviewed annually by the Chair's leadership council.

The Associate Chair convenes a monthly Clinical Innovation Council, maintains visibility into active AI initiatives, and provides quarterly written updates to department leadership. Since the role was established, the team has supported seven AI-related requests, including ambient documentation, patient-message drafting, research analytics, resident education, and vendor inquiries. Examples of work completed include identifying appropriate operational and research leads, connecting teams with security and privacy reviewers, helping project teams define evaluation questions, and directing proposals to the correct governance pathway. Meeting agendas, role descriptions, effort reports, and quarterly updates demonstrate that the responsibility is identifiable, active, and supported rather than dependent on informal enthusiasm alone.

Character count: 1,587 / 3,000

1.2. Research-Operations Translation

Level Selected	1-Star
1-Star Criterion	Define a pathway for practice needs to inform AI research and evaluation efforts.

Describe how your organization demonstrates achievement within this subdomain. (3000 character limit)

The department uses a recurring pathway to connect practice needs with AI research and evaluation. Clinical and operational leaders may raise a problem or proposed use case through the department's AI intake process or directly at the monthly Clinical Innovation Council. The Associate Chair for Clinical Innovation, a clinical operations representative, and a research representative review each request to clarify the operational need, determine whether formal evaluation is appropriate, and identify clinical and research co-leads. The team documents the target population, proposed workflow, data requirements, evaluation questions, and decision that the evaluation is intended to inform.

For the ambient documentation pilot, clinical leaders identified documentation burden and after-hours work as priority needs. The research team developed measures for adoption, clinician experience, note quality, and after-hours EHR time, while operations leaders identified participating practices and workflow constraints. Results were reviewed monthly by a joint steering group and led to changes in onboarding, peer support, and clinic readiness criteria before the pilot expanded from three to nine practices. The same pathway is now being used for a patient-message drafting pilot, where frontline staff identified the operational need and researchers are supporting measures of efficiency, editing

burden, and safety. Council charters, completed intake records, evaluation plans, meeting minutes, and decision summaries show how practice needs inform research and how findings return to operational decision-making.

Character count: 1,616 / 3,000

Document Upload

The current sample application permits at least 1 and up to 5 supporting documents per domain. The example below shows how one document may be referenced across multiple subdomains and how applicants can identify relevant pages or sections.

File	Document	Relevant subdomains	Relevance / page references
D1-1	AI Leadership Appointment and Role Description.pdf	Identified AI roles	Appointment and responsibilities, pp. 1-2.
D1-2	Department Organizational Chart.pdf	Identified AI roles	Associate Chair placement and reporting line, p. 1.
D1-3	FY2026 Effort Allocation.xlsx	Identified AI roles	Protected effort worksheet, tab 'Innovation Roles,' row 8.
D1-4	Clinical Innovation Council Charter.pdf	Research-operations translation	Request and evaluation pathway, pp. 1-2.
D1-5	AI Pilot Evaluation Portfolio.pdf	Research-operations translation	Ambient pilot, pp. 3-5; message pilot intake, p. 6.

Accepted file examples: PDF, Word, PowerPoint, and Excel.

Part 3b - Supporting Narrative & Evidence Submission

Domain 2: Responsible AI Use

This domain focuses on the practical processes used to implement, monitor, support, and improve AI tools in day-to-day work.

Sample application note: Moon University provides a response for every subdomain that has a 1-Star criterion so applicants can see a range of narrative and evidence examples. In an actual application, applicants should select and submit only criteria they believe their current evidence supports.

2.1. Oversight & Shared Learning

Level Selected	1-Star
1-Star Criterion	Define a process to gather and review basic user feedback on AI tools and make adjustments.

Describe how your organization demonstrates achievement within this subdomain. (3000 character limit)

For each department-sponsored AI pilot, the project lead gathers user feedback at defined checkpoints and reviews it with the responsible operational owner. The department's basic oversight process requires an initial readiness check, a two-week or 30-day feedback point, and a review at the end of the pilot period. Feedback may include short surveys, office-hour notes, workflow observations, help-desk themes, or structured interviews. The project lead records the issue identified, the group affected, the proposed response, the person responsible, and whether the change was implemented.

The ambient documentation pilot used an onboarding survey, a 30-day survey, twice-monthly office hours, and monthly steering-group review. Common concerns included note length, specialty vocabulary, consent scripting, and variation in microphone setup. In response, the team revised training materials, added sample preference settings, and created peer coaching at participating clinics. The patient-message drafting pilot uses a monthly review with physicians, nurses, and medical assistants and has already led to clarification of which message types should not use AI drafting. The Clinical Innovation Council receives a quarterly summary of active pilots, major concerns, actions taken, and unresolved issues. These materials demonstrate a defined process for gathering feedback, reviewing it with accountable owners, and making documented adjustments based on real-world use.

Character count: 1,475 / 3,000

2.2. Framework-Guided Implementation

Level Selected	1-Star
1-Star Criterion	Use a repeatable approach to design, test, and improve AI-enabled workflows.

Describe how your organization demonstrates achievement within this subdomain. (3000 character limit)

The department applies a repeatable implementation checklist to new AI-enabled workflows. Before launch, the project team must define the problem to be addressed, intended users, affected patients or learners, current and proposed workflow steps, data involved, known risks, required approvals, training needs, initial measures, and a pilot decision point. Teams complete a workflow map, identify a clinical or operational owner, and conduct a limited test before broader rollout. The checklist includes prompts for privacy, equity, user burden, fallback processes, and human review of AI-generated outputs.

During implementation, project teams maintain an issue log and review early findings at scheduled checkpoints. At the end of the pilot period, the project lead documents whether the workflow should continue, be modified, expand, pause, or stop, and records the evidence supporting that decision. The approach has been used for ambient documentation, patient-message drafting, and an internal research summarization tool. For example, the ambient documentation pilot began in three practices, incorporated changes to onboarding and support based on early testing, and expanded only after readiness and user-experience criteria were met. Completed checklists, workflow maps, issue logs, and pilot decision records demonstrate that the department uses the same core design-test-learn-improve approach across multiple AI-enabled workflows.

2.3. Transparent AI Inventory

Level Selected	1-Star
1-Star Criterion	Maintain a basic inventory of AI tools and pilots for internal visibility.

Describe how your organization demonstrates achievement within this subdomain. (3000 character limit)

The department maintains a centralized spreadsheet titled 'Family Medicine AI Projects and Tools' for internal visibility. The inventory lists each approved tool or pilot, its purpose, project owner, participating roles and sites, current status, review pathway, data type, vendor or platform, training contact, and last update date. Each entry is assigned a unique project identifier so related approvals, implementation documents, and evaluation materials can be located easily. The inventory distinguishes active pilots, approved tools in routine use, projects under review, paused initiatives, and retired tools.

Project leads are required to notify the program manager when a project begins, changes status, expands to additional users or sites, or closes. The program manager reviews the inventory with the Associate Chair during the monthly Clinical Innovation Council meeting and sends a quarterly confirmation request to project owners. As of July 2026, the inventory contains 14 active or recently completed tools and pilots, including embedded EHR features, clinical documentation and communication tools, research analytics applications, and education projects. A read-only version is available on the department intranet, while the editable version is restricted to designated coordinators. The current inventory, change log, quarterly confirmation emails, and council minutes demonstrate that the list is maintained and used for internal visibility and coordination.

Character count: 1,481 / 3,000

2.4. Privacy-Safe AI Use

Level Selected	1-Star
1-Star Criterion	Maintain HIPAA-aligned guidance on approved tools, permissible data, and AI output handling.

Describe how your organization demonstrates achievement within this subdomain. (3000 character limit)

Moon University Health publishes an approved-AI guidance document that applies to all clinical departments, including Family Medicine. The guidance identifies approved enterprise tools, prohibits entry of protected health information or other confidential data into unapproved public tools, explains when de-identified information may be used, and requires users to review AI-generated content before it is used in clinical communication, documentation, education, research, or operational decision-making. It also directs users not to rely on AI outputs as a substitute for professional judgment and describes how to report privacy, security, or safety concerns.

Family Medicine reinforces this guidance during onboarding for department-sponsored pilots and links to it from the department intranet. A one-page quick guide provides concrete examples of permissible and impermissible data entry, explains the difference between approved enterprise tools and public consumer tools, and identifies the Help Desk, Privacy Office, and Information Security team as escalation contacts. Training materials for ambient documentation and patient-message drafting include specific reminders about patient consent, output review, and documentation responsibility. The guidance was reviewed by Privacy, Information Security, Compliance, and Clinical Informatics in March 2026 and includes a scheduled annual review date. The approved policy, quick guide, onboarding slides, and escalation instructions collectively demonstrate a current HIPAA-aligned approach.

Character count: 1,550 / 3,000

2.5. Training & Adoption Support

Level Selected	1-Star
1-Star Criterion	Offer basic guidance and help to end users for approved AI tools.

Describe how your organization demonstrates achievement within this subdomain. (3000 character limit)

The department provides basic training and help for approved AI tools. Before joining the ambient documentation or patient-message drafting pilots, users complete a 30-minute orientation covering tool access, intended and prohibited uses, privacy expectations, review responsibilities, known limitations, workflow steps, and how to report concerns. The

orientation includes demonstrations, sample outputs, and practice scenarios in which users identify errors or decide that AI drafting should not be used. Completion is recorded before access is activated.

The program manager holds twice-monthly virtual office hours and maintains a short FAQ, troubleshooting guide, and contact list for technical, privacy, and workflow questions. Each participating clinic designates a local peer contact who can help with common setup and workflow issues. Users may also submit questions through the innovation mailbox, and urgent clinical or privacy concerns are routed to the appropriate enterprise team. Between January and July 2026, 71 clinicians and staff completed at least one orientation, and 26 attended office hours. Common questions are reviewed quarterly and used to update the FAQ, orientation slides, and quick-reference materials. Attendance records, training materials, office-hour schedules, FAQ revision logs, and help pathways demonstrate that end users receive both initial guidance and accessible ongoing support.

Character count: 1,424 / 3,000

Document Upload

The current sample application permits at least 1 and up to 5 supporting documents per domain. The example below shows how one document may be referenced across multiple subdomains and how applicants can identify relevant pages or sections.

File	Document	Relevant subdomains	Relevance / page references
D2-1	Responsible AI Pilot Process.pdf	Oversight; Framework-guided implementation	Feedback process, pp. 1-2; implementation checklist, pp. 3-5.
D2-2	Ambient AI Training and Feedback Portfolio.pdf	Oversight; Privacy-safe use; Training support	Feedback summary, pp. 2-4; output review, p. 5; orientation, pp. 5-7.
D2-3	Quarterly AI Pilot Review Templates.pdf	Oversight; Inventory; Training support	Pilot summary, p. 3; inventory gap note, p. 4; FAQ revision log, p. 5.
D2-4	Completed AI Workflow Maps.pdf	Framework-guided implementation	Three workflow maps, pp. 1-3; decision record, p. 4.
D2-5	Family Medicine AI Projects and Tools.xlsx	Transparent AI inventory	Current list on tab 'Inventory.'

Accepted file examples: PDF, Word, PowerPoint, and Excel.

Part 3c - Supporting Narrative & Evidence Submission

Domain 3: Education & Workforce Development

This domain addresses how organizations prepare learners, faculty, clinicians, and staff to understand and use AI responsibly.

Sample application note: Moon University provides a response for every subdomain that has a 1-Star criterion so applicants can see a range of narrative and evidence examples. In an actual application, applicants should select and submit only criteria they believe their current evidence supports.

3.1. AI Education Strategy

Level Selected	1-Star
1-Star Criterion	Identify an approach to AI education for at least one learner or workforce group.

Describe how your organization demonstrates achievement within this subdomain. (3000 character limit)

The department has identified resident physicians as its first priority learner group for foundational AI education. Beginning in July 2026, all first-year residents complete a two-session curriculum incorporated into residency orientation. The first session introduces basic AI concepts, common clinical and administrative uses, limitations, hallucinations, privacy, bias, and the difference between approved institutional tools and public consumer tools. The second session focuses on responsible application in family medicine and includes practice reviewing an AI-drafted patient message, identifying missing clinical context, revising an inaccurate summary, and discussing situations in which AI should not be used.

The curriculum includes defined learning objectives, facilitator notes, case exercises, and a brief knowledge check. Residents receive a resource guide summarizing approved tools, data-handling expectations, and verification responsibilities. The course is led by a faculty member with informatics expertise and supported by the residency program director. The residency curriculum committee reviews the content annually and may update examples during the year when institutional guidance or available tools change. In the first cohort, 28 residents completed the sessions, with pre/post responses showing improved confidence in identifying appropriate use and common limitations. The curriculum outline, orientation schedule, teaching materials, attendance record, and review plan demonstrate an intentional approach for a defined learner group.

Character count: 1,568 / 3,000

3.2. Faculty Development

Level Selected	1-Star
1-Star Criterion	Offer introductory AI literacy and career development for practicing faculty.

Describe how your organization demonstrates achievement within this subdomain. (3000 character limit)

The department offers an introductory faculty development pathway for practicing faculty. The pathway includes a quarterly 'AI Basics for Family Medicine' workshop, access to recorded modules, a curated resource guide, optional office hours with the Associate Chair for Clinical Innovation, and individual consultation for faculty interested in deeper development. Workshops cover foundational AI concepts, common clinical, educational, research, and administrative uses, privacy, bias, verification, patient communication, and responsible use of approved tools. Sessions use family medicine examples and include time for faculty to practice reviewing AI-generated content.

Faculty interested in further development may meet with the Associate Chair to identify relevant institutional courses, informatics collaborators, professional meetings, mentorship opportunities, or department projects. The department also shares a twice-yearly list of internal funding opportunities, fellowships, and conferences related to clinical AI. Between September 2025 and July 2026, 64 faculty members participated in at least one workshop, office hour, or consultation. The faculty development committee reviews attendance, participant feedback, and requested topics twice yearly and updates the offerings accordingly. Workshop schedules, slides, recordings, attendance reports, consultation

guidance, and the curated development resource demonstrate both introductory literacy support and a pathway for continued professional growth.

Character count: 1,520 / 3,000

3.3. Fair Access to Approved Tools

Level Selected	1-Star
1-Star Criterion	Establish a clear approach for determining who may access approved AI tools and under what conditions.

Describe how your organization demonstrates achievement within this subdomain. (3000 character limit)

Access to department-sponsored AI tools is determined through a documented eligibility process. For each tool, the project owner identifies which roles and sites may participate based on the approved use case, licensing limits, required training, workflow readiness, data access, and operational responsibilities. These criteria are reviewed with clinical operations and, when relevant, enterprise informatics or privacy partners before access is opened. The resulting access matrix is posted on the department intranet and shared during onboarding.

For ambient documentation, eligible users include physicians and advanced practice clinicians at participating sites after completion of orientation and confirmation that the clinic has the required hardware and consent workflow. The patient-message drafting pilot includes physicians, nurses, and medical assistants whose roles are part of the approved message workflow and who complete role-specific training. Access is not granted solely on seniority or personal request; it is tied to the approved use case and readiness requirements. Requests for exceptions or additional sites are reviewed by the project owner and clinical operations lead, with the decision and rationale documented. Quarterly access reviews confirm that users remain in an eligible role and location. The written procedure, role-and-site matrices, training requirements, exception workflow, and review logs demonstrate a clear approach for determining access and conditions of use.

Character count: 1,507 / 3,000

Document Upload

The current sample application permits at least 1 and up to 5 supporting documents per domain. The example below shows how one document may be referenced across multiple subdomains and how applicants can identify relevant pages or sections.

File	Document	Relevant subdomains	Relevance / page references
D3-1	Resident AI Curriculum.pdf	AI education strategy	Curriculum and objectives, pp. 1-3.
D3-2	Residency Curriculum Governance.pdf	AI education strategy	Orientation schedule, p. 1; annual review plan, p. 2.
D3-3	Faculty AI Literacy Session.pdf	Faculty development	Slides and attendance, pp. 1-2; external resources, p. 3.
D3-4	Faculty AI Needs Assessment Draft.pdf	Faculty development	Planned assessment, p. 1.
D3-5	AI Tool Access Procedure and Matrices.pdf	Fair access	Procedure, pp. 1-2; matrices, pp. 3-4; exceptions, p. 5.

Accepted file examples: PDF, Word, PowerPoint, and Excel.

Part 3d - Supporting Narrative & Evidence Submission

Domain 4: Community & Patient Engagement

This domain considers whether health equity and patient or community perspectives inform AI selection and implementation decisions.

Sample application note: Moon University provides a response for every subdomain that has a 1-Star criterion so applicants can see a range of narrative and evidence examples. In an actual application, applicants should select and submit only criteria they believe their current evidence supports.

4.1. Health Equity & Community-Informed Design

Level Selected	1-Star
1-Star Criterion	Define an approach for measuring health equity and gathering patient/community perspectives in AI selection and implementation decisions.

Describe how your organization demonstrates achievement within this subdomain. (3000 character limit)

The department uses a defined health equity and community-engagement section within its AI pilot planning template. Project teams identify populations that may experience different benefits or burdens, select at least one equity measure relevant to the use case, and determine whether patient or community input is needed before implementation. Potential considerations include preferred language, portal access, disability, age, digital literacy, insurance status, site of care, and differences in tool performance or uptake. The project owner documents the planned measure, data source, review cadence, and action to be taken if a concerning difference is identified.

For patient-facing or communication-related tools, the project lead consults the Patient and Family Advisory Council or another appropriate community partner and records how feedback affected design or rollout. For the patient-message drafting pilot, the team reviewed portal use and response rates by preferred language, consulted the language-access manager, and presented the proposed workflow to the Patient and Family Advisory Council. Feedback led the team to add translated patient information, clarify that staff remain responsible for message content, and include a monitoring measure for language-related differences in use. The planning template, equity review, advisory-council agenda and minutes, documented design changes, and monitoring plan demonstrate an established approach to both measuring equity and gathering patient or community perspectives.

Character count: 1,537 / 3,000

Document Upload

The current sample application permits at least 1 and up to 5 supporting documents per domain. The example below shows how one document may be referenced across multiple subdomains and how applicants can identify relevant pages or sections.

File	Document	Relevant subdomains	Relevance / page references
D4-1	AI Pilot Planning Template.pdf	Health equity & community-informed design	Equity prompts, pp. 1-2.
D4-2	Patient Message Pilot Equity Review.pdf	Health equity & community-informed design	Portal-use analysis and language-access discussion, pp. 1-2.
D4-3	Draft PFAC Engagement Proposal.pdf	Health equity & community-informed design	Future engagement proposal, p. 1.

Accepted file examples: PDF, Word, PowerPoint, and Excel.

Part 3e - Supporting Narrative & Evidence Submission

Domain 5: AI Governance & Ethics

This domain focuses on how AI work is classified, routed, reviewed, and communicated responsibly.

Sample application note: Moon University provides a response for every subdomain that has a 1-Star criterion so applicants can see a range of narrative and evidence examples. In an actual application, applicants should select and submit only criteria they believe their current evidence supports.

5.1. Research / QI / Deployment Pathway

Level Selected	1-Star
1-Star Criterion	Establish a clear pathway to classify AI work and route it to the right review and safeguards.

Describe how your organization demonstrates achievement within this subdomain. (3000 character limit)

Moon University Health uses a written decision guide to determine whether a proposed AI activity is research, quality improvement, or clinical deployment. Family Medicine project leads complete a classification worksheet describing the purpose, intended users, patient or learner impact, data involved, planned analysis, whether the activity changes clinical workflow, and whether results are intended to contribute to generalizable knowledge. The Associate Chair for Clinical Innovation is available to help teams complete the worksheet and confirm that the proposed classification is appropriate.

The worksheet directs research projects to the Institutional Review Board, quality-improvement activities to the Clinical Effectiveness Office, and clinical deployment requests to Digital Health Governance, Clinical Informatics, Privacy, and Information Security as applicable. Projects involving more than one category may be routed to multiple reviewers or discussed jointly before work begins. The department retains the completed worksheet and routing confirmation with each project's records. Examples include an AI-assisted thematic analysis study routed to the IRB, an internal documentation-burden initiative routed to the quality-improvement pathway, and an EHR-integrated patient-message feature routed to clinical deployment review. The decision guide, worksheet, routing instructions, and completed examples demonstrate a clear and operational pathway.

Character count: 1,464 / 3,000

5.2. AI Intake, Triage, & Routing

Level Selected	1-Star
1-Star Criterion	Define a transparent intake and triage process aligned to family medicine needs.

Describe how your organization demonstrates achievement within this subdomain. (3000 character limit)

The department maintains a transparent AI intake and triage process through a published web form linked from the department intranet. The form collects the proposed use case, problem to be addressed, intended users, affected patients or learners, data involved, vendor involvement, expected benefit, urgency, known risks, and whether the request relates to research, education, quality improvement, or clinical operations. Submission instructions explain what information is needed and identify examples of requests that should use the pathway.

The program manager acknowledges new submissions within two business days and completes an initial review within five business days. Requests are assigned one of four routing categories: education or low-risk productivity support, research or quality improvement, clinical workflow or deployment, or external partnership review. Each request is entered into a tracking log with an owner, status, next step, referral destination, and target follow-up date. The Associate Chair reviews open and overdue requests at the monthly Clinical Innovation Council meeting. Requestors receive a written summary of the routing decision and the contact for the next review step. The published form, instructions, triage guide, response standard, tracking log, meeting review process, and sample routing communications demonstrate a transparent process aligned with family medicine needs.

Character count: 1,419 / 3,000

5.3. Transparency & Disclosure

Level Selected	1-Star
1-Star Criterion	Set clear expectations for disclosure of AI use to patients, learners, and staff.

Describe how your organization demonstrates achievement within this subdomain. (3000 character limit)

The department maintains written disclosure expectations for AI use involving patients, learners, and staff. The guidance identifies when verbal notice, written notice, or internal labeling is required; provides approved language; clarifies who is responsible for disclosure; and explains when a patient or learner may decline participation. It also distinguishes disclosure to the person affected by the AI-supported workflow from internal documentation that an AI tool was used. Project owners must identify the applicable disclosure requirement during workflow design and include it in training and implementation materials.

For ambient documentation, clinicians notify patients at the beginning of the visit, use approved language explaining the tool's role, and document refusal when applicable. AI-assisted patient messages include an internal indicator requiring staff review before sending, and the patient-facing communication retains the name of the responsible care-team member. Educational activities disclose when AI-generated content is used in teaching materials, simulations, or assessment preparation, and staff are informed when AI tools are introduced into their workflow. The Clinical Innovation Council reviews disclosure plans before pilot launch and checks implementation during oversight. The approved guidance, sample scripts, workflow maps, training slides, and pilot review records demonstrate clear expectations across patients, learners, and staff.

Character count: 1,478 / 3,000

Document Upload

The current sample application permits at least 1 and up to 5 supporting documents per domain. The example below shows how one document may be referenced across multiple subdomains and how applicants can identify relevant pages or sections.

File	Document	Relevant subdomains	Relevance / page references
D5-1	AI Activity Classification Guide.pdf	Research/QI/deployment pathway	Decision guide, pp. 1-3.
D5-2	AI Classification and Routing Worksheet.docx	Research/QI/deployment pathway	Worksheet and routing instructions, pp. 1-2.
D5-3	Completed Classification Examples.pdf	Research/QI/deployment pathway	Research, QI, and deployment examples, pp. 1-3.
D5-4	AI Intake Materials.pdf	AI intake, triage, & routing	Mailbox screenshot, p. 1; draft form, pp. 2-3.
D5-5	Disclosure and Governance Working Notes.pdf	AI intake; Transparency & disclosure	Informal intake gap, p. 2; project disclosure examples, pp. 1-2; draft guidance, p. 3.

Accepted file examples: PDF, Word, PowerPoint, and Excel.

Part 3f - Supporting Narrative & Evidence Submission

Domain 6: Data, Infrastructure, & Security

This domain examines the technical partnerships, infrastructure, and support needed to implement and sustain AI tools securely.

Sample application note: Moon University provides a response for every subdomain that has a 1-Star criterion so applicants can see a range of narrative and evidence examples. In an actual application, applicants should select and submit only criteria they believe their current evidence supports.

6.1. IT / Informatics Partnership

Level Selected	1-Star
1-Star Criterion	Maintain a structured approach to support secure, compliant, clinically appropriate implementation.

Describe how your organization demonstrates achievement within this subdomain. (3000 character limit)

Family Medicine maintains a structured partnership with Moon University Health's Clinical Informatics, Information Security, Privacy, EHR, and data teams for AI work involving clinical data or workflow integration. A named clinical informatics liaison attends the monthly Clinical Innovation Council and helps teams assess technical feasibility, EHR integration requirements, vendor review needs, data flows, authentication, support ownership, and appropriate enterprise pathways. Privacy and security contacts join when protected health information, patient communication, external vendors, or new data access is involved.

The department's technical review pathway identifies the questions and approvals required before launch and defines how implementation issues are escalated. The ambient documentation and patient-message pilots each completed technical, security, and privacy review before user access was activated. During implementation, routine issues are submitted through the enterprise service desk, while clinical workflow concerns or unresolved technical risks are escalated to the informatics liaison and project owner. The liaison also participates in post-launch review when tools change functionality or expand to new settings. The council charter, technical intake guide, named contact list, completed approval records, service-desk workflow, and escalation examples demonstrate a structured partnership supporting secure, compliant, and clinically appropriate implementation.

Character count: 1,496 / 3,000

6.2. Infrastructure, Datasets, & Support

Level Selected	1-Star
1-Star Criterion	Establish access to the technical infrastructure and support needed to implement and sustain AI tools.

Describe how your organization demonstrates achievement within this subdomain. (3000 character limit)

The department maintains a documented pathway for accessing the technical infrastructure, governed datasets, and support needed for AI work. The pathway distinguishes clinical deployment, quality improvement, research, education, and low-risk productivity use cases and identifies the appropriate request portal, required approvals, support team, expected review sequence, and typical timeline for each. A decision tree helps applicants determine whether they need an approved enterprise AI tool, an EHR-integrated testing environment, a secure analytics workspace, governed clinical data, research computing, or consultation before selecting a resource.

Faculty and staff can access approved enterprise AI tools, a nonproduction EHR environment, secure analytics workspaces, governed clinical datasets, and university research-computing resources. A named informatics liaison and data-services analyst offer pre-submission consultation and help teams define data, computing, integration, and support requirements. The department intranet includes the pathway, request links, eligibility and training requirements, example timelines, data-use expectations, and escalation contacts. Requests and outcomes are reviewed twice yearly to identify common barriers and update the resource map. Recent examples include support for a secure patient-message evaluation dataset, access to a research text-analysis environment, and technical

onboarding for an EHR-integrated pilot. The pathway, resource map, consultation records, and completed request examples demonstrate established access and support.

Character count: 1,594 / 3,000

Document Upload

The current sample application permits at least 1 and up to 5 supporting documents per domain. The example below shows how one document may be referenced across multiple subdomains and how applicants can identify relevant pages or sections.

File	Document	Relevant subdomains	Relevance / page references
D6-1	Clinical Innovation Council Charter.pdf	IT / informatics partnership	Partner roles and escalation, pp. 1-2.
D6-2	Clinical AI Technical Review Pathway.pdf	IT / informatics partnership	Technical, privacy, and security review steps, pp. 1-3.
D6-3	Completed Pilot Approvals.pdf	IT / informatics partnership	Approvals for two pilots, pp. 1-2.
D6-4	Available AI and Data Resources.pdf	Infrastructure, datasets, & support	Request links, p. 1; available tools, p. 2.
D6-5	Infrastructure Navigation Interview Summary.pdf	Infrastructure, datasets, & support	User-reported access and navigation gaps, pp. 1-2.

Accepted file examples: PDF, Word, PowerPoint, and Excel.

Part 4 - Review & Submit

Final Application Check

- Organization and contact information has been reviewed.
- All selected domains, subdomains, and levels have been reviewed.
- Narrative responses remain within the 3,000-character limit.
- Each domain includes between 1 and 5 supporting documents.
- Document descriptions identify the relevant subdomain and specific pages or sections.

Additional Organizational Context

Moon University Department of Family Medicine demonstrates foundational capability across all 16 available 1-Star criteria. The department has identifiable AI leadership, defined evaluation and implementation processes, an internal inventory, privacy-safe guidance, training and education, equitable access practices, patient and community engagement, governance pathways, disclosure expectations, and structured access to informatics and technical support. This completed sample is intentionally comprehensive so applicants can see how current processes, ownership, scale, outcomes, and supporting evidence may be described clearly within the application.

Character count: 734

Illustrative Recognition Summary

Measure	Moon University result	Threshold
1-Star criteria submitted	16 of 16	N/A
1-Star criteria supported	16 of 16	10 of 16
Illustrative recognition level	1-Star	Threshold met

Attestation

I verify that the information included in this fictional completed sample is internally consistent with the illustrative evidence described and is provided solely as an applicant reference.

Applicant Name	Jordan Lee, MD
Title	Associate Chair for Clinical Innovation
Signature	/s/ Jordan Lee
Date	August 4, 2026

Applicant takeaway: Strong applications make the criterion-evidence connection explicit. Describe the current process, who owns it, how long it has been active, its scope or outcomes, and exactly where reviewers can find corroborating evidence. Use supporting documents that directly substantiate the selected criterion and identify the relevant pages, sections, tabs, or paragraphs.