Mi-CCSI
Center for Clinical Systems Improvement

CERTIFICATE OF ACHIEVEMENT

_____

Attendee Name

BY:

MICHIGAN CENTER FOR CLINICAL SYSTEMS IMPROVEMENT (MI-CCSI)

FOR COMPLETION OF ON DEMAND LEARNING ACTIVITY:

The Michigan Center for Clinical Systems Improvement (Mi-CCSI)
Chronic Pain, Headache & Spine Care:
Chronic Back Pain

Date Recorded: September 13, 2016

Date Participated:_____

BSN RN

_____
PROGRAM DIRECTOR, MI-CCSI

LOCATION:
GRAND RAPIDS MASONIC CENTER
233 EAST FULTON STREET
GRAND RAPIDS, MI 49503