



Attendee Name _____

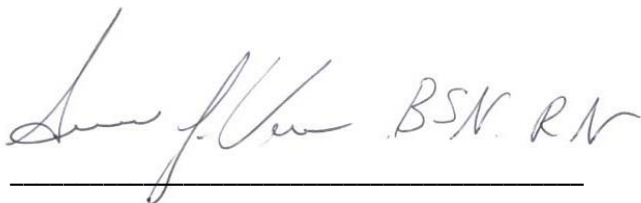
HAS ATTENDED:

**The Michigan Center for Clinical Systems Improvement (Mi-CCSI)
Behavioral Medical Integration – Collaborative Care Webinar Series:
Problem Solving Therapy & Behavioral Activation**

Date Recorded: September 18, 2017

Date Participated: _____

NUMBER OF CONTACT HOURS: 1.0



PROGRAM DIRECTOR, Mi-CCSI

***LOCATION: WEBINAR HOSTED BY:
Mi-CCSI***

***233 FULTON STREET, EAST
GRAND RAPIDS, MI 49503***

**THE MICHIGAN CENTER FOR CLINICAL SYSTEMS
IMPROVEMENT BEHAVIORAL MEDICAL INTEGRATION –
COLLABORATIVE CARE WEBINAR SERIES IS APPROVED BY
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