CERTIFICATE OF ACHIEVEMENT

AWARDED TO:

_____

Attendee Name

BY:

MICHIGAN CENTER FOR CLINICAL SYSTEMS IMPROVEMENT (MI-CCSI)

FOR COMPLETION OF ON DEMAND LEARNING ACTIVITY:

Behavioral Medical Integration-Collaborative Care Series

Session 1: Depression Management Learning Activity

Date Recorded: September 18, 2017

Date Completed:_____

Susan J. Vos BSN RN

SUSAN VOS, BSN, RN
PROGRAM DIRECTOR/MASTER TRAINER

Center for Clinical Systems Improvement