CERTIFICATE OF PARTICIPATION

This certifies that:

_____

(Name of Physician Participant)

has participated in the educational activity entitled:

Basics of Pain and Pain Management
(Title of CME Activity)

provided by: **Michigan Center for Clinical Systems Improvement**

December 21, 2017 (Date of Activity)

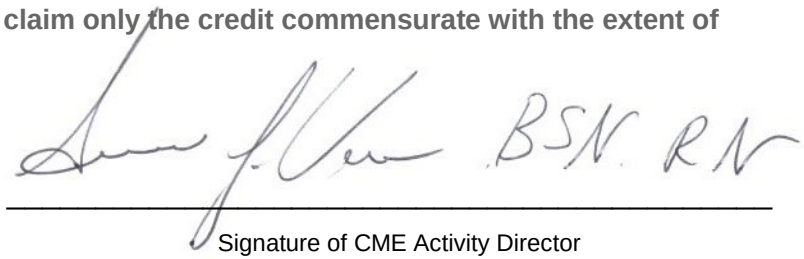
Grand Rapids, Michigan (City/State of Activity)

and is awarded up to **3** credits.

This Live activity, Basics of pain and pain management, with a beginning date of 12/21/2017, has been reviewed and is acceptable for up to 3.00 Elective credit(s) by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

I participated in _____ credits of this CME activity.

_____ _____
Physician Participant's Signature Date



Signature of CME Activity Director

12/21/2017
Date