

# CERTIFICATE OF COMPLETION

AWARDED TO:

\_\_\_\_\_  
*Attendee Name*

BY:

**MICHIGAN CENTER FOR CLINICAL SYSTEMS IMPROVEMENT  
(MI-CCSI)**

**FOR COMPLETION OF:**

**Basic & Advanced Pain Management**

**February 15, 2018**

 *BSN, RN*

SUSAN Vos, BSN, RN  
PROGRAM DIRECTOR/MASTER TRAINER

**LOCATION:**

**PRINCE CONFERENCE CENTER  
1800 E. BELTLINE AVE SE  
GRAND RAPIDS MI 49546**



**Center for Clinical Systems Improvement**