

CERTIFICATE OF PARTICIPATION

This certifies that:

(Name of Physician Participant)

has participated in the educational activity entitled:

Treating Pain and Addiction

(Title of CME Activity)

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

March 7, 2019

(Date of Activity)

Grand Rapids, Michigan

(City/State of Activity)

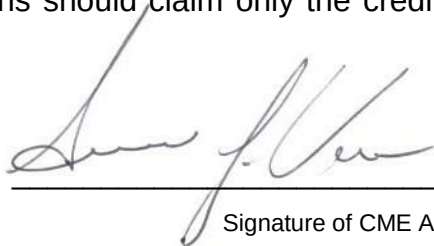
and is awarded up to **6.00** credits.

This Live activity, Treating Pain and Addiction, from 03/07/2019 - 03/06/2020, has been reviewed and is acceptable for up to 6.00 Prescribed 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

 **BSN RN**

Signature of CME Activity Director

03/07/2019

Date