



_____*Attendee Name*

HAS ATTENDED:

**The Michigan Center for Clinical Systems Improvement (Mi-CCSI)
Heart Failure Disease Management
Part #1**

On _____

This nursing continuing professional development activity was approved by the Ohio Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation (OBN-001-91)

Approval ONA#: 2020-0000000315

1.0 Contact Hours

*This course is approved by the Michigan Social Work Continuing Education Collaborative for 1.0 contact hours.
Course Approval Number: 040720-02*

_____ BSN RN

**LOCATION:
GRAND RAPIDS MASONIC CENTER
233 EAST FULTON STREET
GRAND RAPIDS, MI 49503**