

# CERTIFICATE OF ACHIEVEMENT

AWARDED TO:

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

BY:

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

**FOR COMPLETION OF TRAINING:**

**Engagement Training: Optimizing Self-Management Through Improved Patient Engagement**

\_\_\_\_\_ **Date**

*Susan Vos BSN, RN*

SUSAN Vos, BSN, RN  
PROGRAM DIRECTOR/MASTER TRAINER



**Center for Clinical Systems Improvement**