CERTIFICATE OF PARTICIPATION

This certifies that:

_____

(Name of Provider Participant)

has participated in the educational activity entitled:

Treating Pain and Addiction
(Title of CME Activity)

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

September 25, 2020 & October 2, 2020
(Date of Activity)

(Virtual) Grand Rapids, Michigan
(City/State of Activity)

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

This Live activity, Treating Pain and Addiction, offered on a virtual platform, from 03/06/2020 - 03/06/2021, has been reviewed and is acceptable for up to 6.00 Elective credit(s) by the American Academy of Family Physicians. Providers should claim only the credit commensurate with the extent of their participation in the activity.

I participated in _____ credits of this CME activity.

_____ _____
Participant's Signature Date

BSN RN

Signature of CME Activity Director

09/25/2020
Date