**Logo

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**Michigan Center for Clinical Systems Improvement**

**233 E. Fulton Street, Suite 20**

**Grand Rapids, Michigan 49503**

***Issues this CERTIFICATE OF PARTICIPATION***

***to*:**

**Enter Name**

**Is awarded contact hours based on the applicable approval body as listed below:**

**Introduction to Team Based Care**

Enter Date of Training

(Date of Activity)

Text, letter

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**Susan Vos RN, BSN, CCM**

**Planning Committee – Mi-CCSI**

This course is approved by the NASW-Michigan Social Work Continuing Education Collaborative

**Course Approval Number: 080921-00**

**7 Contact Hours**