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**HAS ATTENDED:**

**The Michigan Center for Clinical Systems Improvement (Mi-CCSI)  
Asthma & COPD Learning Series: Current Evidence & Events Learning Activity  
7 in series of 7**

**Date Participated:** \_\_\_\_\_

*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) ONA Approval #: 2020-0000000342*

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**1.0 Contact Hours**

A handwritten signature in black ink, appearing to read "Susan J. Van Buren BSN, RN". The signature is written in a cursive style and is positioned above a horizontal line.

PLANNING COMMITTEE, RN, BSN, CCM  
PROGRAM DIRECTOR, MI-CCSI