



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

**HAS ATTENDED:**

**The Michigan Center for Clinical Systems Improvement (Mi-CCSI)  
Heart Failure Disease Management  
Part # 2**

**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: 110221-00***

*\_\_\_\_\_ BSN, RN*

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