Logo

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**Michigan Center for Clinical Systems Improvement**

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

**Grand Rapids, MI 49503**

**CERTIFICATE OF PARTICIPATION**

This certifies that:

***Enter Name of Participant***

(Name of Participant)

**has participated in the educational activity entitled:**

**SUD Learning Collaborative Series:**

**Screening, Brief Intervention, Referral to Treatment (SBIRT) Support**

(Title of CME Activity)

**December 17, 2021** **(Virtual) Grand Rapids, Michigan**

(Date of Activity) (City/State of Activity)

and is awarded up to **1** credits.

The AAFP has reviewed SUD Learning Collaborative Series, and deemed it acceptable for AAFP credit. Term of approval is from 12/10/2021 to 12/09/2022. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**To Be Completed by Participant:**

I participated in *Enter # of credits Claimed* credits of this CME activity.

Text, letter

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Signature of CME Activity Director Date

***Enter Name of Participant*** 12/17/2021

Participant Name Date