

**Michigan Center for Clinical Systems Improvement**

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

**Grand Rapids, MI 49503**

**CERTIFICATE OF PARTICIPATION**

This certifies that:

 ***Click to Enter Name of Participant***

(Name of Participant)

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

**Treating Pain and Addiction-Aspects of Pain Management**

(Title of CME Activity)

 **February 11, 2022** **(Virtual) Grand Rapids, Michigan**

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

and is awarded **up** to **3.5** credits.

This live activity, Treating Pain and Addiction, from 12/01/2021 - 11/30/2022, has been reviewed and is acceptable for up to 3.5 Prescribed 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.

*Participant’s Attestation:*

* I participated in ***<Click or tap to enter # of credits claimed>*** credits of the CME activity.

 Susan Vos, RN, BSN, CCM

* ***<Click or tap to enter text or signature & date>*** Activity Director-Mi-CCSI

 Participant’s Signature & Signature Date

 02/11/2022 Date