



Attendee Name

HAS ATTENDED:

**The Michigan Center for Clinical Systems Improvement (Mi-CCSI)
Heart Failure Disease Management
Part #1**

On _____

***This course is approved by the Michigan Social Work Continuing Education Collaborative
for 1.0 contact hours.***

Course Approval Number: 110221-00

[Handwritten Signature] BSN, RN

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