**Logo

Description automatically generated**

**Michigan Center for Clinical Systems Improvement**

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

**Grand Rapids, Michigan 49503**

***Issues this CERTIFICATE OF PARTICIPATION to*:**

**Is awarded contact hours based on the applicable approval body as listed below:**

Text, letter

Description automatically generated**Diabetes Management Part 2**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date of Activity)

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**Susan Vos RN, BSN, CCM**

**Planning Committee – Mi-CCSI**

**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)**

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**Approval ONA#:** 2020-000000371

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**1 Contact Hours**