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)

**Is awarded contact hours for the educational activity entitled:**

**Behavioral Activation**

(Title of Activity)

**November 16, 2022** **(Virtual) Grand Rapids, Michigan**

This course, Behavioral Activation, is approved by the NASW-Michigan Social Work Continuing Education Collaborative.

**Course Approval Number: 110221-01**

**1.0 Contact Hours**

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

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Signature of Planning Committee Activity Director