

**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:**

**Team Based Care**

(Title of CME Activity)

**Click to Enter the Training Date** **(Virtual) Grand Rapids, Michigan**

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

and is awarded up to 7.5 credits.

The AAFP has reviewed Team Based Care and deemed it acceptable for AAFP credit. Term of approval is from 12/15/2022 to 12/14/2023. Physicians 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

 12/15/2022 Date