

**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:**

**Benefits and Risks of Cannabis and Cannabinoids**

(Title of CME Activity)

**<Click to enter date completed>** **(Virtual) Grand Rapids, Michigan**

 (Date of Activity)

and is awarded **up** to 1.00 credit.

The AAFP has reviewed The Benefits and Risk of Cannabis and Cannabinoids and deemed it acceptable for up to 1.00 Enduring Materials, Self-Study AAFP Prescribed credits. Term of Approval is from 02/01/2023 to 01/31/2024. 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

 02/01/2023 Date