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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:

***Click to Enter Name of Participant***

(Name of Participant)

**has participated in the educational activity entitled:**

**Palliative Care Training**

(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 6 credits.

The AAFP has reviewed Palliative Care Training and deemed it acceptable for AAFP credit. Term of approval is from 02/14/2023 to 02/13/2024. 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

02/14/2023 Date