

**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:**

**Palliative Care Training**

(Title of Activity)

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

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

This course, Palliative Care Training is approved by the NASW-Michigan Social Work Continuing Education Collaborative.

**Course Approval Number: 011223-01**

**6 Contact Hours**

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