

**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:**

**SBIRT Training and Implementation**

**(Standardized Patient Experiences #1)**

(Title of Activity)

**May 22, 2023** **(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: 030123-01**

**3.0 Contact Hours**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Planning Committee Activity Director