

**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:**

**Diabetes Management Part 1**

(Title of Activity)

***Enter Date Completed*** **(Virtual) Grand Rapids, Michigan**

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

This nursing continuing professional development activity was approved by the Ohio Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation (OBN-001-91)

**ONA Course Approval Number: 2022-0000000392**

**1.0 Contact Hours**

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Signature of Planning Committee Activity Director