

**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)

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

**CoCM SUD**

(Title of CME Activity)

 **July 21, 2023** **(Virtual) Grand Rapids, Michigan**

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

and is awarded up to 8 credits.

The AAFP has reviewed CoCM SUD and deemed it acceptable for up to 6.00 Live AAFP Prescribed credits. Term of Approval is from 07/21/2023 to 07/21/2023. 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

 07/21/2023 Date