Logo

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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:

***Enter Name of Participant***

(Name of Participant)

**Is awarded contact hours for the educational activity entitled:**

**CoCM SUD**

(Title of Activity)

**July 21, 24 & 25, 2023** **(Virtual) Grand Rapids, Michigan**

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

This course, CoCM SUD, is approved by the NASW-Michigan Social Work Continuing Education Collaborative.

**A close up of a signature

Description automatically generatedCourse Approval Number: 062723-01**

**14 Contact Hours**

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