



Michigan Center for Clinical Systems Improvement  
233 E. Fulton Street, Suite 20  
Grand Rapids, MI 49503

# CERTIFICATE OF PARTICIPATION

This certifies that:

\_\_\_\_\_  
(Name of Participant)

Is awarded contact hours for the educational activity entitled:

**Asthma & COPD Management Part 2**

(Title of Activity)

\_\_\_\_\_  
(Date of Activity)

**(Virtual) Grand Rapids, Michigan**

(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: 2022-0000000404**

**1.0 Contact Hours**

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