



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)

has participated in the educational activity entitled:

Team Based Care

(Title of CME Activity)

(Virtual) Grand Rapids, Michigan

(City/State of Activity)

(Dates of Activities)

and is awarded up to **6.75** credits.

The AAFP has reviewed Team Based Care and deemed it acceptable for AAFP credit. Term of approval is from 12/22/2023 to 12/20/2024. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

To Be Completed by Participant:

I participated in _____ credits of this CME activity.

Participant Name

Date

Signature of CME Activity Director

12/22/2023

Date