



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:

**SBIRT - Screening and Assessment**

\_\_\_\_\_  
(Title of CME Activity)

**(Virtual) Grand Rapids, Michigan**

\_\_\_\_\_  
(Dates of Activities)

\_\_\_\_\_  
(City/State of Activity)

and is awarded up to **0.25** credits.

The AAFP has reviewed, Screening Brief Intervention and Referral to Treatment (SBIRT), and deemed it acceptable for AAFP credit. Term of approval is from 01/05/2024 to 01/04/2025. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Credit Application #: 103223

## To Be Completed by Participant:

I participated in \_\_\_\_\_ credits of this CME activity.

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of CME Activity Director

01/15/2024

\_\_\_\_\_  
Date