

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

CERTIFICATE OF PARTICIPATION

	This certi	fies that:
	(Name of F	Participant)
	has participated in the edu	ucational activity entitled:
	SBIRT - Brief	<u>Interventions</u>
	(Title of	CME Activity)
		(Virtual) Grand Rapids, Michigan
	(Dates of Activities)	(City/State of Activity)
	and is awarded	up to 0.75 credits.
		nt (SBIRT), and deemed it acceptable for AAFP credit. Term of approval is from commensurate with the extent of their participation in the activity.
000.2021.00		cation #: 103223
o Be Completed by Par	ticipant:	
participated in	credits of this CME act	iivity.
		Lefter BSN. RN
articipant Name	Date	Signature of CME Activity Director Date