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

CERTIFICATE OF COMPLETION / PARTICIPATION

This certifies that:

Learner Name

(Name of Participant)

Has successfully completed the educational activity entitled:

Depression Management

(Title of Activity)

Grand Rapids, Michigan

(City/State of Activity)

Activity Date

Date Completed

Susan Vos, RN, BSN, Mi-CCSI Program Director

For questions, please contact Sue Vos at sue.vos@miccsi.org

This course is approved by the NASW-Michigan
Course Approval: 012624-01
1.0 Contact Hours
Type of Training: On Demand

This nursing continuing professional development activity was approved by the Wisconsin Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
WNA Course Approval Number: WICEAP-0402
1.0 Contact Hours
Type of Training: On Demand