



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

CERTIFICATE OF COMPLETION / PARTICIPATION

This certifies that:

(Name of Participant)

Has successfully completed the educational activity entitled:

Serious Illness: Pain & Symptom Management

(Title of Activity)

Grand Rapids, Michigan

(City/State of Activity)

Activity Date

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: 012324-12
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-0394
1.0 Contact Hours
Type of Training: On Demand