

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 a	ctivity entitled:
	Serious Illness Conversation	Guidance:
<u>Differer</u>	nce Between a SI Conversation &	an Advance Directive
	(Title of CME Activity)	
	(Virtual) G	rand Rapids, Michigan
	(Date of Activity)	(City/State of Activity)
	and is awarded up to 0.25 cred	dits.
		acceptable for AAFP credit. Term of approval is from se with the extent of their participation in the activity.
articipant's Attestation:		
articipant's Attestation:I participated in	credits of the CME activity.	Som flow BSN. RN
·	credits of the CME activity.	Susan Vos, RN, BSN, CCM Activity Director-Mi-CCSI
·		Susan Vos, RN, BSN, CCM Activity Director-Mi-CCSI 04/30/2024