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

CERTIFICATE OF PARTICIPATION

This certifies that:

Enter Participant Name

(Name of Participant)

has participated in the educational activity entitled:

Pain Treatment with SUD Part 2: Managing Pain & Expectations with Surgery

(Title of CME Activity)

Enter Date — **(Virtual) Grand Rapids, Michigan**

(Date of Activity) (City/State of Activity)

and is awarded up to 0.25 credits.

The AAFP has reviewed Pain Treatment with SUD, and deemed it acceptable for AAFP credit. Term of approval is from 08/30/2024 to 08/29/2025. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Participant's Attestation:

- I participated in Enter # of credits claimed credits of the CME activity.
- Type in Name & Date
  Participant's Signature & Signature Date

Susan Vos, RN, BSN, CCM
Activity Director-Mi-CCSI

08/14/2024

Date