

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

CERTIFICATE OF PARTICIPATION

This certifie	es that:
(Name of Part	icipant)
has participated in the educ	ational activity entitled:
Treating Pain and Addiction Training (Title of CME Activity)	
<u>June 23, 2023</u>	(Virtual) Grand Rapids, Michigan
(Date of Activity)	(City/State of Activity)
and is awarded up	to 3.5 credits.
The AAFP has reviewed Aspects of Pain Management and deemed it a 12/14/2023. Physicians should claim only the credit commensurate	
Participant's Attestation:	
I participated incredits of the CME activity.	Susan Vos, RN, BSN, CCM
•	Activity Director-Mi-CCSI
Participant's Signature & Signature Date	01/27/2023
	Date