



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 activity entitled:

CoCM SUD Training

(Title of CME Activity)

July 21, 2023

(Date of Activity)

(Virtual) Grand Rapids, Michigan

(City/State of Activity)

and is awarded up to 6 credits.

The AAFP has reviewed CoCM SUD and deemed it acceptable for up to 6.00 Live AAFP Prescribed credits. Term of Approval is from 07/21/2023 to 07/21/2023. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Participant's Attestation:

- I participated in _____ credits of the CME activity.

Participant's Signature & Signature Date

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

07/21/2023

Date