



**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)

**Is awarded 1.0 contact hours for the educational activity  
entitled:**

**CoCM SUD**

(Title of CME Activity)

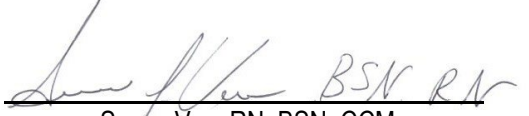
**July 24, 2023 & July 25, 2023**

(Date of Activity)

**(Live Virtual) Grand Rapids, Michigan**

(City/State of Activity)

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.

  
\_\_\_\_\_  
Susan Vos, RN, BSN, CCM  
Signature of Planning Committee Activity Director

Please contact Sue Vos, Program Director at: [sue.vos@miccsi.org](mailto:sue.vos@miccsi.org) for questions about this certificate.