



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:**

Care Coordination Strategies

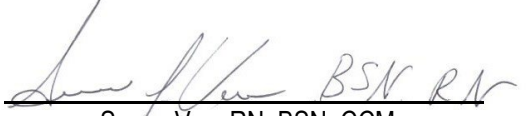
(Title of CME Activity)

(Live Virtual) Grand Rapids, Michigan

(Select the Date of Activity from the Dropdown)

(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 for questions about this certificate.