



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:

Screening Brief intervention Referral to Treatment for SUD
(Title of CME Activity)

January 9 - August 14, 2023
(Dates of Activities)

(Virtual) Grand Rapids, Michigan
(City/State of Activity)

and is awarded up to **16.5** credits.

This course, Screening Brief intervention Referral to Treatment Series is approved by the NASW-Michigan Social Work Continuing Education Collaborative.

Course Approval Number: 120122-01

Participants should claim only the credit commensurate with the extent of their participation in the activity.

To Be Completed by Participant:

I participated in _____ credits of this CME activity.

08/14/2023

Participant Name

Date

Signature of CME Activity Director

Date