



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:

Palliative Care Training
(Title of CME Activity)

(Virtual) Grand Rapids, Michigan

(Date of Activity)

(City/State of Activity)

and is awarded up to 6 credits.

The AAFP has reviewed Palliative Care Training and deemed it acceptable for AAFP credit. Term of approval is from 02/14/2023 to 02/13/2024. 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

02/14/2023

Date