



**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 5 contact hours for the educational activity entitled:**

**Screening, Brief Interventions and Referral to Treatment Training**

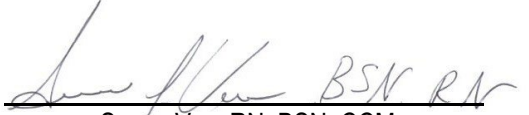
(Title of Activity)

**(Live Virtual, Self-study, Simulation) Grand Rapids, Michigan**

\_\_\_\_\_ (Date of Activity)

(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.