



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 6.0 contact hours for the educational activity entitled:

## Serious Illness Training

(Title of Activity)

\_\_\_\_\_  
(Live Virtual) Grand Rapids, Michigan

(Enter Date of Activity)

(City/State of Activity)

**This course, 2024 Serious Illness Training, is approved by the NASW-Michigan.**

Course Approval Number: **021524-02**  
6.0 Contact Hours

A handwritten signature in black ink, appearing to read "Susan Vos BSN RN".

\_\_\_\_\_  
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.