



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 contact hours for the educational activity entitled:

Self-Management Support: Patient Engagement Training
(Title of Activity)

(Virtual) Grand Rapids, Michigan

_____ Date of Activity

This course is approved by NASW-Michigan

Course Approval Number: 060524-01
5.5 Contact Hours

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

WNA CEAP Course Approval Number: WICEAP-0449
6.5 Contact Hours


Signature of Planning Committee Activity Director