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**Don't forget to include your EDAC ID Number and to sign this form. You will need to present this form if you are selected for an audit. The session listed below is available for EDAC CEU credit.**

Participant Name: \_\_\_\_\_ EDAC ID #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Country: \_\_\_\_\_

**Provider:** EBD Journal Club

**Format:** Online (Webinar, DVD etc)

Course Number	Course Title	CEU Hours
F13-001-EBDJ	Centralized vs. Decentralized Nursing Stations: Effects on Nurses' Functional Use of Space and Work Environment	1

**TOTAL:** \_\_\_\_\_ 1 \_\_\_\_\_

1. Reflecting on this article, give an example of how you would apply this research in a current, future, or hypothetical project:
  - A. Project type:
  - B. Nature/description of the problem:
  - C. Description of research used in possible design solutions:
2. List four (4) things you learned while reading this article?
3. What are (2) advantages of using multiple research methods when studying a healthcare setting?
4. Give one reason why you would use a convenience sample?
5. What kind of information does a focus group provide that other methods do not?
6. True or False: This study provides evidence that culture plays a role in how a design concept, such as decentralized nursing stations, is operationalized.
7. True or False: In an exploratory study, results are generalizable to other settings.

	Grade: Relevance / value				Comments
	Agree		Disagree		
	4	3	2	1	
Was the content of the seminar relevant for your professional development?					
Was the content of the seminar relevant to projects you are working on?					
Was the presenter knowledgeable about the topic?					
Was the scheduled time convenient?					
Are you interested in similar topics for professional development?					

**GENERAL FEEDBACK:**

**SUGGESTIONS FOR FUTURE TOPICS:**

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I hereby certify that the above information is true and accurate to the best of my knowledge and that I have complied with the EDAC Continuing Education Guidelines.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_