

**Virtual Educational Series**  
CEU Verification Form



To request a Certificate of Completion Continuing Education Units, complete the verification form and submit to Natalie Gonzalez at [ngonzalez@healthdesign.org](mailto:ngonzalez@healthdesign.org)

Participant Name: \_\_\_\_\_

Provider Name: **The Center for Health Design**      Provider Number: **Z009**

I purchased a CEU Management fee    Order # \_\_\_\_\_

| <b>Attended</b>  | <b>AIA</b>  | <b>Webinar Title</b>   | <b>LU Hours</b> | <b>HSW</b> |
|--|-------------|--|-----------------|------------|
| Yes <input type="checkbox"/> No <input type="checkbox"/> | BMH21-92921 | Workshop: Behavioral & Mental Health: Design for the Next Generation of Care and Care Spaces | 4.5             | Yes        |

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