

EDAC Certified Individuals, please complete your form fully and carefully. Retain this copy for your records. You will need this to submit courses through Scantron when you are due for renewal. For questions about CEUs, you may contact EDAC at [edac@healthdesign.org](mailto:edac@healthdesign.org)

**Don't forget to include your EDAC ID Number and to sign this form. You will need to present this form (or certificate of attendance) if you are selected for an audit.** For Course Number, see the EDAC Continuing Education website at <http://www.healthdesign.org/edac>.

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

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

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

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

**Program Title: Workshop: Behavioral & Mental Health: Design for the Next Generation of Care and Care Spaces**

**Program Date:** September 29, 2021 **Program Location:** Virtual

Program Format: Please Select (X)	
Lecture/Educational Session	
Panel/Roundtable Discussion	
Workshop/Seminar	X
Webinar/Online Learning	
Approved Articles	

EDAC Course # (if pre-approved)	Course Title	CEU Hour(s)
BMH21-92921	Behavioral & Mental Health: Design for the Next Generation of Care and Care Spaces	4.5
<b>Please list 4 key points from this course:</b>		
1.		
2.		
3.		
4.		

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: \_\_\_\_\_