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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
F16-1-EBDJ	Designing Clinical Space for the Delivery of Integrated Behavioral Health and Primary Care	1

TOTAL: _____ 1 _____

1. What is integrated care?

2. What is a clinical task that requires privacy?

3. What are the benefits of a shared workspace?

4. How can a clinic make spatial changes to promote collaboration?

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: _____