



# Evidence-Based Design Accreditation and Certification (EDAC) CEU Form

EDAC Certified Individuals, please complete your form fully and carefully. Retain this copy for your records. You will need this to submit courses through Castle Worldwide, Inc. 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 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
H18-02-EBDJ	Exploring the Concept of Healing Spaces	1

**TOTAL:** \_\_\_\_1\_\_\_\_

1. Can healing be isolated and tested in a research study?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What are the four constructs that make up the concept of healing?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What are the four domains for healing environment?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What is the method used to do this literature review? What was study name?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_