

EDAC Certified Individuals, please retain this copy for your records in case you are selected for an audit.
 You will need this to submit courses through Meazure Learning when you are due for renewal.
 For questions about CEUs, you may contact EDAC at edac@healthdesign.org

Participant Name: _____ EDAC ID #: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 Country: _____

Provider: *EBD Journal Club*

Program Date(s): January 19, 2024

EDAC Course Number (if pre-approved)	Course Title	CEU Hour(s)
A24-19-EBDJC	EBD Journal Club: The Variable Impact of Clinical Risk-Adjustment Models to Evaluate Hospital Design	1
Please list 4 key points from this course:		
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: _____