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 in case you are selected for an audit. You will need this to submit courses through Castle Worldwide, Inc. when you are due for renewal. Questions? Contact edac@healthdesign.org.

Participant Name: _____ EDAC ID #: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Country: _____

Provider: ***ICONS and Innovators Webinar Series*** **Program Dates**: July. 2018

Initial	Course Number	Date/Time	Course Title	CEU Hours
	G18-27-ICONS	7/26/2018 11 am PDT	Engaging Art & Photography in Environments for Aging	1

TOTAL: _____

Please list 4 things that you learned from this webinar:

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:_____