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Participant Name: _____ EDAC ID #: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Country: _____

Provider: *ICONS and Innovators Webinar Series*

Program Dates: July 2020

Initial	Course Number	Date/Time	Course Title	CEU Hours
	G20-30-ICONS	7/30/2020 10:00 am PDT	Behavioral Health Outpatient Care in the Post-Pandemic World	1.0

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: _____