

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 (formerly Scantron) 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: *Webinars/Online Learning*

Program Date(s): August 17, 2023

EDAC Course Number (if pre-approved)	Course Title	CEU Hour(s)
I23-17A-ICONS	First Look: A New Prototype Model for Mental Health Care	1.0
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: _____