

Virtual Educational Series
CEU Verification Form



To earn AIA Continuing Education Units, complete the verification form and submit to Natalie Gonzalez at ngonzalez@healthdesign.org

Participant Name: _____

AIA Member #: _____

Provider Name: **The Center for Health Design**

Provider Number: **Z009**

Attended	AIA	Webinar Title	LU Hours	HSW
Yes <input type="checkbox"/> No <input type="checkbox"/>	WORK-BMH-52523	Workshop: Behavioral & Mental Health: Design to Meet Current and Rising Needs	4	Yes

SIGNATURE: _____

DATE: _____