

To request a **Certificate of Completion** for Continuing Education Units, complete the verification form and submit to Natalie Gonzalez at ngonzalez@healthdesign.org

Participant Name: _____

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"/>	AGING-012524	Design for Healthy Aging: Innovative and Evidence-based Practices Across the Continuum of Care	3.5	Yes

SIGNATURE: _____

DATE: _____