

Virtual Educational Series
CEU Verification Form



To request a Certificate of Completion 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"/>	BHWORk-051922	Workshop: Mind the Gap: Design for Behavioral & Mental Health in Much Needed Settings and Circumstances	4.5	Yes

SIGNATURE: _____

DATE: _____