

**Virtual Educational Series**  
CEU Verification Form



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

Participant Name: \_\_\_\_\_

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

Provider Number: **Z009**

<b>Attended</b>	<b>AIA</b>	<b>Webinar Title</b>	<b>LU Hours</b>	<b>HSW</b>
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: \_\_\_\_\_