

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

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"/>	AGING22-081722	Workshop: Design for Healthy Aging: Solutions Across the Continuum of Care	4	Yes
Yes <input type="checkbox"/> No <input type="checkbox"/>	AGING22-081722	Workshop: Design for Healthy Aging: Solutions Across the Continuum of Care	3	Yes

SIGNATURE: _____

DATE: _____