

EDAC Certified Individuals, please retain this copy for your records in case you are selected for an audit. You will need this to submit courses through Meazure when you are due for renewal. For questions about CEUs, you may contact EDAC at edac@healthdesign.org

Participant Name: _____ EDAC ID #: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Country: _____

Program Title: Design for Healthy Aging: Innovative and Evidence-based Practices Across the Continuum of Care Workshop

Program Date: January 25, 2024

Program Location: Virtual

Program Format: Please Select (X)	
Lecture/Educational Session	
Panel/Roundtable Discussion	
Workshop/Seminar	X
Webinar/Online Learning	
Approved Articles	

EDAC Course # (if pre-approved)	Course Title	CEU Hour(s)
Yes <input type="checkbox"/> No <input type="checkbox"/> AGE-025-2024	Design for Healthy Aging: Innovative and Evidence-based Practices Across the Continuum of Care	3.5
Please list 4 key points from this course:		
1.)		
2.)		
3.)		
4.)		

I hereby certify that the above information is true and accurate to the best of my knowledge and that I have complied with the EDAC Continuing Education Guidelines.

SIGNATURE: _____ DATE: _____