

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 Scantron 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: Mind the Gap: Design for Behavioral & Mental Health in Much Needed Settings and Circumstances Workshop

Program Date: May 19, 2022

Program Location: Virtual

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

EDAC Course # (if pre-approved)	Course Title	CEU Hour(s)
E22-019-BHW	Mind the Gap: Design for Behavioral & Mental Health in Much Needed Settings and Circumstances Workshop	4.5
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: _____