

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](mailto:edac@healthdesign.org)

Participant Name: \_\_\_\_\_ EDAC ID #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Country: \_\_\_\_\_

**Program Title:** Workshop: Behavioral & Mental Health: Design to Meet Current and Rising Needs

**Program Date:** May 25, 2023      **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"/> WORK-BMH-52523	Workshop: Behavioral & Mental Health: Design to Meet Current and Rising Needs	4
<b>Please list 4 key points from this course:</b>		
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: \_\_\_\_\_