

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 Measure Learning 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 Date(s): September 17, 2024

Location: Los Angeles, CA

EDAC Course Number (if pre-approved)	Course Title	CEU Hour(s)
BMH24-091724	Behavioral and Mental Health: New Directions in Care and Design of Environments to Support that Care	5.0
<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: \_\_\_\_\_