

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: _____

Provider: *EBD Journal Club*

Program Date(s): Dec. 8, 2022

EDAC Course Number (if pre-approved)	Course Title	CEU Hour(s)
L22-8-EBDJC	EBD Journal Club: Built Environment Design Interventions at the Exits of Secured Dementia Care Units: A Review of the Empirical Literature	1
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: _____