

Address: _____

Evidence-Based Design Accreditation and Certification (EDAC) CEU Form

Retain this copy for your records. 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

Don't forget to include your EDAC ID Number and to sign this form. You will need to present this form if you are selected for an audit. The session listed below is available for EDAC CEU credit.

Participant Name: _____ EDAC ID #: _____

City: _		State:	ZIP Co	de:	
Countr	·y:				
Provid	ler: EBD Journal C	llub		Format: Online (Web	oinar, DVD etc)
	Course Number		Course Title		CEU Hours
D	20-30-EBDJ	Simulation-Based Mo Operating Room	ock-Up Evaluation of a	ı Universal	1
1.	 How was the Universal Operating room defined: a) any case, any room b) all rooms were of the same size and same handedness c) equipment required by various services could be accommodated in the room d) all of the above 				
2.	 2. The simulation-based mock-up evaluations resulted in the following design modifications: a) Relocating the door to the sterile core b) Moving the locations where booms are mounted c) Design modifications to the physician and nursing workstations d) All of the above 				
3.	a) Members ofb) OR manage	enacted the simulation the design team ement surgeons, anesthesiol		:	
4.	a) better room	raints with equipment congestion		ollowing outcomes:	
l ho	ereby certify that th	ne above information is t complied with the ED	rue and accurate to the AC Continuing Educati	-	and that I have
	SIGNATURE:			DATE:	