

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

Participant Name: _____ EDAC ID #: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Country: _____

Program Title: **Cardboard Meets AI: Innovative Design Prototyping for Behavioral Health Spaces**

Program Date: April 18, 2024 Program Location: Online

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

| EDAC Course # (if pre-approved) | Course Title | CEU Hour(s) |
|---------------------------------------------------|--------------------------------------------------------------------------------|-------------|
| D24-18A-ICONS | Cardboard Meets AI: Innovative Design Prototyping for Behavioral Health Spaces | 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: _____