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Participant Name: _____ EDAC ID #: _____

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Provider: **ICONS and Innovators Webinar Series**

Program Dates: Dec. 2018

Initial	Course Number	Date/Time	Course Title	CEU Hours
	L19-213-ICONS	12/13/2018 11:00 am PDT	Behavioral Healthcare Integration: IP, OP, and ED	1

TOTAL: _____

Please list 4 things that you learned from this webinar:

- 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: _____