

EDAC Certified Individuals, please complete your form fully and carefully. Retain this copy for your records in case you are selected for an audit. You will need this to submit courses through Castle Worldwide, Inc. when you are due for renewal. Questions? Contact [edac@healthdesign.org](mailto:edac@healthdesign.org).

Participant Name: \_\_\_\_\_ EDAC ID #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Country: \_\_\_\_\_

Provider: **ICONS and Innovators Webinar Series**

Program Dates: July 2015

Initial	Course Number	Date/Time	Course Title	CEU Hours
	<b>G15-016-ICONS</b>	7/16/2015 11 am PDT	The "Why" of Long Term Care	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: \_\_\_\_\_