

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

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: Icons & Innovato	ors Webinar Series	Program Date(s): July	22, 2021
EDAC Course Number (if pre- approved	Course Title		CEU Hour(s)
G21-29A-ICONS	Acoustics in Behavioral Health: A Case Study		1.0
	Please list 4 key poi	nts from this course:	
1.			
2.			
3.			
4.			
I hereby certify that the abov complied with the EDAC Cor		curate to the best of my knowledoes.	ge and that I have
SIGNATURE:		DATE:	