

EDAC Certified Individuals, please complete your form fully and carefully. Retain this copy for your records. You will need this to submit courses through Castle Worldwide, Inc. 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 #: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Country: _____

Provider: EBD Journal Club

Format: Online (Webinar, DVD etc)

| Course Number | Course Title | CEU Hours |
|---------------|---|-----------|
| D14-023-EBDJ | The Role of Facility Design in Preventing Healthcare-Associated Infection: Interventions, Conclusion, and Research Needs | 1 |

TOTAL: _____ 1 _____

1. Reflecting on this paper, give an example of how you would apply this research in a current, future, or hypothetical project:

A. Project type:

B. Nature/description of the problem:

C. Description of research used in possible design solutions:

2. List four (4) things you learned while reading this paper?

3. True or False: This research study made clear design recommendations based on a solid foundation of research.

4. List three design trends that are currently affecting behavioral health facilities.

| | Grade: Relevance / value | | | | Comments |
|--|-----------------------------|---|----------|---|----------|
| | Agree | | Disagree | | |
| | 4 | 3 | 2 | 1 | |
| Was the content of the webinar relevant for your professional development? | | | | | |
| Was the content of the webinar relevant to projects you are working on? | | | | | |
| Was the presenter knowledgeable about the topic? | | | | | |
| Was the scheduled time convenient? | | | | | |
| Are you interested in similar topics for professional development? | | | | | |

GENERAL FEEDBACK:

SUGGESTIONS FOR FUTURE TOPICS:

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: _____