

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
J13-001-EBDJ	Staff Perceptions Before and After Adding Single-Family Rooms in the NICU	1

TOTAL: _____ 1 _____

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: _____