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

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

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

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

Provider: *ICONS and Innovators Webinar Series*

Program Dates: August 2014

Initial	Course Number	Date/Time	Course Title	CEU Hours
	H14-002-ICONS	8/28/2014 11 am PDT	Designing the Future of Integrated Behavioral Health	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: \_\_\_\_\_