

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: _____

Program Title: What's Next for Healthcare Facilities in These Unsettled Times?

Program Date: Nov 16, 2021 Program Location: Addison, TX

Program Format: Please Select (X)	
Lecture/Educational Session	X
Panel/Roundtable Discussion	
Workshop/Seminar	
Webinar/Online Learning	
Approved Articles	

EDAC Course # (if pre-approved)	Course Title	CEU Hour(s)
K21-16-WNFH	What's Next for Healthcare Facilities in These Unsettled Times?	5
Please list 4 key points from this course:		
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: _____