

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 & Innovators Webinar Series*

Program Date(s): August 11, 2021

EDAC Course Number (if pre-approved)	Course Title	CEU Hour(s)
H21-011-ICONS	Intersections: Where Healthcare Will Happen	1.5
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: _____