

9960 Mayland Drive, Suite 300 Henrico, Virginia 23233 www.dhp.virginia.gov/funeral

(804) 367-4479 (Tel) (804) 527-4413 (Fax) Email: fanbd@dhp.virginia.gov

An

CONTINUING EDUCATION PROVIDER RENEWAL APPLICATION

Application fee is \$400.00 check or money order made payable to the Treasurer of Virginia. ALL FEES ARE NON-REFUNDABLE.

CE Providers shall expire on July 1 of each year and may be renewed with renewal fee, if the courses and instructors offered for the upcoming year will not change from the previous year. If there are <u>anv</u> changes to the courses and instructors offered, such as the title, etc., prior approval is required in addition to the provider fee for each course and resubmission of

. INFORMATION (Please Print or CONTINUING EDUCATION PROVIDE							
MAILING ADDRESS: STREET			CITY		STATE	ZIP CODE	
LOCATION ADDRESS: STREET(WHERE RECORDS WILL BE MAINTAINED FOR 3 YEARS)			CITY		STATE	ZIP CODE	
BUSINESS PHONE NO.		ALTERNATE PHO	DNE NO.	FAX PHO	ONE NO.	NE NO.	
NAME AND TITLE OF PERSON RESP	ONSIBLE F	FOR CE PROGRAM	S	I			
CONTACT E-MAIL ADDRESS:							
COURSE TITLE							
ubmit address changes in writing imnumain in process no longer than one (opplicant shall reapply for licensure, sure the new application.	1) year. If, Ibmit fees,	at the end of one (1 required documenta) year, a license/c ation, and meet th	ertification is not is e qualifications for	sued, the appl licensure/cert	ication file is destroyed fication in effect at the f	
Date sent to Committee	CE Provider No.		Appl	Applicant No.		FEE Receipt No.	
Approved □ YES □ NO		Approval Signature and Date					

Che	cklist for Application Package
	Application Fee
	THESE ITEMS MUST BE BOOKMARKED ON THE CD IN THE ORDER BELOW
	<u>Title of course, objective, and number of continuing education hours</u> - Courses must be directly related to the scope of practice of funeral services. Courses for which the principal purpose is to promote, sell, or offer goods, products or services to funeral homes are not acceptable for the purpose of the credit toward renewal. 18 VAC 65-20-151.B.
	Syllabus of Course - Include title, outline/syllabus of the program.
	Instructional Plan
	<u>Course Instructor Credentials</u> – Information must include presenter's funeral service license, license number, state of licensure and date of license expiration, etc.
	Evaluation Forms to be Used with Program – to include consumer satisfaction forms, test forms, etc.
	Sample Certificate of Completion for CE Program
	Advertising Brochure for Program
	Three (3) compact discs (CDs) enclosed with the above information
A m ag da he an V co an in	AFFIDAVIT OF APPLICANT as a Board approved Continuing Education Provider, an authorized agent of the Board/Department may conduct onsite monitoring of the program(s) without payment of registration fees. It is further greed to provide the Board/Department, upon request anytime within four years of the program ate, documentation of program content, names of participants, and hours awarded. Authorization is ereby given to all organizations, references, business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the diriginia Board of Funeral Directors and Embalmers, files, or records requested by the Board in connection with the processing of this application. I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial of registration of provide continuing education. Further, I have read and understand the Virginia Board of funeral Directors and Embalmers statutes and regulations.
	Print Name of Person Responsible for CE Program Title Signature Date