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| Inline image 2 | 9960 Mayland Drive, Suite 300  Henrico, Virginia 23233  [www.dhp.virginia.gov/funeral](http://www.dhp.virginia.gov/funeral) | (804) 367-4479 (Tel)  (804) 939-5973 (Fax)  Email:  [fanbd@dhp.virginia.gov](mailto:fanbd@dhp.virginia.gov) |

CHECKLIST AND INSTRUCTIONS FOR

CONTINUING EDUCATION PROVIDERS

To be considered for approval, you must submit the application 60 days prior to offering continuing education course(s).

Requirements for continuing education can be found at [Virginia Code § 54.1-2816.1](https://law.lis.virginia.gov/vacode/54.1-2816.1/) and 18VAC65-20-152 of the Board’s Regulations Governing Funeral Directors and Embalmers.

Board approval of continuing education providers shall expire on July 1 of each year and may be renewed in accordance with 18VAC65-20-152(B).

Please contact the Board if there are any changes to the courses and instructors offered, such as the title, content, etc.

APPLICATION – This application will not be considered until all sections have been completed.

FEE – **The fee for this application is $400.00.** All fees are non-refundable whether approval is granted or denied. Make check or money order payable to the Treasurer of Virginia.

COURSE CONTENT COMPACT DISC (CD) – One (1) CD of course content must be submitted for consideration as PDF files. Do not protect the CD. The CD will not be returned to the applicant.

To facilitate review, Continuing Education Providers are asked to bookmark CD items as listed below:

* Title of course, objectives, and number of continuing education hours;
* Syllabus of course;
* Instructional plan;
* Course instructor credentials;
* Evaluation forms to be used with program;
* Sample certificate of completion for CE; and
* Advertising brochure for program.

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| Inline image 2 | 9960 Mayland Drive, Suite 300  Henrico, Virginia 23233  [www.dhp.virginia.gov/funeral](http://www.dhp.virginia.gov/funeral) | (804) 367-4479 (Tel)  (804) 527-4413 (Fax)  Email:  [fanbd@dhp.virginia.gov](mailto:fanbd@dhp.virginia.gov) |

**CONTINUING EDUCATION PROVIDER APPLICATION**

**CONTINUING EDUCATION PROVIDER INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CONTINUING EDUCATION PROVIDER NAME | | | | |
| MAILING ADDRESS | CITY | STATE | | ZIP CODE |
|  |  |  | |  |
| LOCATION ADDRESS | CITY | STATE | | ZIP CODE |
|  |  |  | |  |
| TELEPHONE NUMBER | EMAIL ADDRESS | | | |
| NAME AND TITLE OF PERSON RESPONSIBLE FOR CE PROGRAM | | | | |
| COURSE TITLE | | | NUMBER OF PROPOSED CE HOURS | |

**AFFIDAVIT OF APPLICANT**

By signing below as the applicant or representative of the applicant, I attest to the following:

* The information contained and statements in this application and the supporting documentation are true and accurate;
* I understand that providing any false information in this application shall constitute cause for denial of or withdrawal of approval to provide continuing education by the Board of Funeral Directors and Embalmers (“Board”);
* I understand that, as a Board-approved Continuing Education Provider, an authorized agent of the Board may conduct onsite or remote monitoring of the program(s) without payment of registration fees;
* I agree to provide to the Board, upon request anytime within two years of the program date, documentation of program content, names of participants, hours awarded, and certificates of completion; and
* I acknowledge that I have read and understand the statutes and regulations of the Board.

|  |  |
| --- | --- |
| Print Name of Applicant/Person Responsible for CE Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |

***APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY***

APPROVED BY

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DATE SENT TO COMMITTEE | CE PROVIDER NUMBER | | APPLICANT NUMBER | | RECEIPT NUMBER |
| NUMBER OF PROPOSED HOURS | | APPROVAL  YES  NO | | NUMBER OF APPROVED HOURS | |