



Virginia Department of
Health Professions
 Board of Funeral Directors and Embalmers

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CONTINUING EDUCATION (CE) CREDIT FORM FOR VOLUNTEER PRACTICE

To be completed by contact person at local health department or free clinic. Maintain completed form with your personal CE records for two years. Do not submit completed form to the board unless notification is received regarding a CE audit.

Regulation on Volunteer Practice for CE Credit:

One hour of the five hours required for annual renewal may be satisfied through delivery of professional services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for one hour of providing such volunteer services, as documented by the health department or free clinic. For the purposes of continuing education credit for volunteer service, an approved sponsor shall be a local health department or free clinic.

NAME OF LICENSEE			LICENSE NUMBER		
STREET ADDRESS			AREA CODE AND TELEPHONE NUMBER		
CITY	STATE	ZIP CODE	EMAIL ADDRESS		

FACILITY WHERE CE CREDIT WAS OBTAINED					
STREET ADDRESS				AREA CODE AND TELEPHONE NUMBER	
CITY	STATE	ZIP CODE			

DATE OF SERVICE	NUMBER OF HOURS OF SERVICE	NUMBER OF CE HOURS CREDITED
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Name of contact person at local health department or free clinic: _____

By affixing my signature, I affirm this individual provided the declared hours of service at this location.

Signature: _____ Date: _____