



Virginia Department of  
**Health Professions**  
Board of Funeral Directors and Embalmers

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## CONTINUING EDUCATION ACTIVITY AND ASSESSMENT FORM

I have completed a minimum of five hours of continuing education\*

☐ Yes ☐ No

I have completed at least one hour with laws and regulations governing the profession or preneed funeral arrangements\*

☐ Yes ☐ No

I have completed at least one hour of continuing education in preneed funeral arrangements within the past three years\*

☐ Yes ☐ No

\*Continuing Education hours completed during the time period of April 1, 20\_\_\_\_ thru March 31, 20\_\_\_\_.

DATE	COURSE NAME	PURPOSE OF COURSE	NUMBER OF HOURS COMPLETED
List the completion date of the course.	Please list course name exactly as referenced on certificate.	Course must be directly related to the scope of practice of funeral service.	List the number of hours completed in this course only.
Total Amount of Continuing Education Hours Completed:			

As required by law and regulation, I certify that the above is a true and accurate statement regarding my participation in continuing competency hours and active practice for the specified time period.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
License Number