



## INSTRUCTIONS FOR CONTINUING EDUCATION PROVIDERS ADDING ADDITIONAL COURSES

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](#) 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 \$300.00.** All fees are non-refundable whether approval is granted or denied. Make check or money order payable to the Treasurer of Virginia. This fee is for the review of the application of additional courses, not per individual course.
- ☐ **COURSE CONTENT**– Course content must be submitted electronically to [fanbd@dhp.virginia.gov](mailto:fanbd@dhp.virginia.gov) for consideration as PDF files.

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.



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

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[www.dhp.virginia.gov/funeral](http://www.dhp.virginia.gov/funeral)

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(804) 939-5973 (Fax)  
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## CONTINUING EDUCATION PROVIDER APPLICATION ADDING ADDITIONAL COURSES

### 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: \_\_\_\_\_