



**COMMONWEALTH OF VIRGINIA**  
**Board of Funeral Directors and Embalmers**

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)  
[fanbd@dhp.virginia.gov](mailto:fanbd@dhp.virginia.gov) (email)

**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: \_\_\_\_\_