

## APPLICATION CHECKLIST AND INSTRUCTIONS FOR CONTINUING EDUCATION PROVIDER REVIEW OF ADDITIONAL COURSES

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

Requirements for continuing education providers can be found at [Virginia Code § 54.1-2816.1](#) and [18VAC65-20-152](#) of the Board’s Regulations Governing the Practice of Funeral Services.

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** – All fees are non-refundable whether approval is granted or denied. Fees must be paid by 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.
  - The application fee is \$300.00.
- COURSE CONTENT**– Course content should be submitted electronically as PDF files by email to [fanbd@dhp.virginia.gov](mailto:fanbd@dhp.virginia.gov).

To facilitate review, Continuing Education Providers are asked to name/bookmark the following:

- 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.

 <p>Virginia Department of  <b>Health Professions</b>          Board of Funeral Directors and Embalmers</p>	9960 Mayland Drive, Suite 300 Henrico, Virginia 23233 <a href="http://www.dhp.virginia.gov/funeral">www.dhp.virginia.gov/funeral</a>	(804) 367-4479 (Tel) (804) 939-5973 (Fax) Email: <a href="mailto:fanbd@dhp.virginia.gov">fanbd@dhp.virginia.gov</a>
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## APPLICATION FOR CONTINUING EDUCATION PROVIDER REVIEW OF ADDITIONAL COURSES

**PROVIDER INFORMATION (PLEASE PRINT IN BLUE OR BLACK INK)**

CONTINUING EDUCATION PROVIDER NUMBER 05 ____ - ____ - _____			
CONTINUING EDUCATION PROVIDER NAME			
MAILING ADDRESS	CITY	STATE	ZIP CODE
LOCATION ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	EMAIL ADDRESS		

Use Additional Paper, if needed

COURSE TITLE #1	COURSE TITLE #2
COURSE TITLE #3	COURSE TITLE #4
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: \_\_\_\_\_