

STATE BOARD OF FUNERAL DIRECTORS

Mailing Address:

State Board of Funeral Directors
P.O. Box 2649
Harrisburg, PA 17105-2649

Tel: 1-833-367-2762 Fax: 717-705-5540

E-Mail: st-funeral@pa.gov

Website: www.dos.pa.gov/funeral

Courier Address:

State Board of Funeral Directors
2525 North 7th Street - Suite 330
Harrisburg, PA 17110

PROVIDER APPLICATION FOR CONTINUING EDUCATION COURSE APPROVAL

Instructions

The following attachments must be submitted with the application:

1. Fees:

- (a) \$100.00 fee for initial provider application (**first time providers only**); **\$100 for each course offered**

NOTE: IF PROVIDER IS OFFERING A COURSE THAT ALLOWS ATTENDEES TO ONLY ATTEND THE TOPIC OF THEIR CHOICE, A \$100 FEE FOR EACH TOPIC IS REQUIRED.

- (b) \$100.00 fee for education course approval

Check or money order made payable to the "Commonwealth of Pennsylvania."

NOTE: A \$20.00 processing fee will be assessed for any payment returned by your bank, regardless of the reason for non-payment.

2. Copies of course/program and syllabus, **including a time outline**, which shows the following:

- Provider's name and address
- Name of Course Coordinator
- Dates and locations of course/program
- Information on Instructors: Name, Title, Affiliations, and Degrees
- Course schedule
- Evaluation Methods
- Number of Hours
- Method in which Provider certifies attendance

3. Evidence of the course pertaining to the following subjects:

- Basic and health sciences including anatomy, chemistry, bacteriology, pathology, hygiene and public health.
- Funeral Service Arts and Sciences including embalming and restorative arts.
- Funeral law, psychology, funeral principles, and directing.

4. No courses in office management or marketing will be approved. If you are applying for on-line courses, you must submit proof of how you intend to confirm who is taking the course.

Information

1. Application and fee must be received at least **60 days prior** to course/program presentation.
2. Subject matter for continuing education courses must be limited to courses pertaining to the enhancement of the professional skills as a Funeral Director.
3. Participants must be physically present to receive credit.
4. Courses in Office Management or Marketing will **not** be approved.
5. The Board reserves the right to reject a submitted course which is outside the scope of practice of funeral directing or is otherwise unacceptable because of presentation, content or failure to meet the criteria of the regulations.
6. Providers shall inform the Board of any material modifications in approved courses.
7. Maintain for your records a copy of your completed application prior to submission.

Provider Responsibilities (§13.405)

1. Disclose in advance to prospective attendees the objectives, content, teaching method and number of hours of continuing education credit.
2. Open each course to all licensees.
3. Provide adequate physical facilities for the number of anticipated participants and the teaching methods to be used.
4. Provide accurate instructional materials.
5. Employ qualified instructors who are knowledgeable in the subject matter.
6. Evaluate the program through the use of questionnaires of the participants and instructors.
7. Issue a certified continuing education record to each participant.
8. Retain attendance records, written outlines, and a summary of evaluations for 5 years.

Demonstration of Embalming Techniques (§13.406)

1. With prior approval of the Board, embalming of human remains to demonstrate techniques during a program of continuing education will not be considered to be the practice of funeral directing at an establishment not authorized by the Board.
2. Only a licensed funeral director may demonstrate embalming techniques at a program of continuing education in this Commonwealth.

PENNSYLVANIA ♦ CE PROVIDERS ♦ APPLICATION

STATE BOARD OF FUNERAL DIRECTORS

Mailing Address:

State Board of Funeral Directors
P.O. Box 2649
Harrisburg, PA 17105-2649

Tel: 1-833-367-2762
Fax: 717.705.5540
E-Mail: st-funeral@pa.gov
Website: www.dos.pa.gov/funeral

Courier Address:

State Board of Funeral Directors
2525 North 7th Street - Suite 330
Harrisburg, PA 17110

PROVIDER APPLICATION FOR CONTINUING EDUCATION COURSE APPROVAL

(SUBMIT AT LEAST 60 DAYS PRIOR TO COURSE PRESENTATION)

Section 1		Provider Information		Please Print or Type	
Provider Name					
Address		STREET:			
		CITY:		STATE:	ZIP:
PROVIDER NUMBER					
Telephone					Ext.
E-Mail Address					
Section 2		Fee - \$100.00 for Initial Provider		Fee - \$100.00 for Course Approval	
Submit check or money order payable to the "Commonwealth of Pennsylvania". Fees are non-transferable and non-refundable.		<div style="border: 1px solid black; padding: 5px;"> NOTE: A \$20.00 processing fee will be assessed for any payment returned by your bank, regardless of the reason for non-payment </div>			
Section 3		Course Information			
Course Title					
Total # of Hours Requested					
Subject(s) Offered					
Date/s Offered					
Course Locations					
Method of Certifying Attendance					
Course Objectives					
OFFICIAL USE ONLY					
Reviewed by:			Date:		
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved			Provider #:	

Section 4**Course Contact Person/Coordinator****Name****Address**

Street:

City:

State:

Zip Code:

Telephone**Ext.****E-Mail Address****Section 5****Instructor Information**

Instructor Name	Title	Affiliation	Degree
1)			
2)			
3)			

Section 6**Certification**

By signing below, I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. §4911.

Additionally, I certify that the statements in this application are true and correct to the best of my knowledge, information and belief, and that I am of good moral character. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license or certificate.

Coordinator's Signature:**Date:**