PENNSYLVANIA

CE PROVIDERS

INSTRUCTIONS

STATE BOARD OF FUNERAL DIRECTORS

Mailing Address:

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

Tel: 717-783-3397 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.
- 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

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PROVIDER APPLICATION FOR CONTINUING EDUCATION COURSE APPROVAL

(SUBMIT AT LEAST 60 DAYS PRIOR TO COURSE PRESENTATION)

Section 1	Provider In		Please Print or Type														
Provider Name																	
Address	STREET:																
	CITY:	STATE: ZIP:															
PROVIDER NUMB	BER																
Telephone			Ext.							xt.							
E-Mail Address																	
Section 2	Fee - \$100	- \$1	00.0	0 f	or (Col	ırse	Ap	pro	ova	al						
Submit check or mone "Commonwealth of Per Fees are non-transfera				NOTE: A \$20.00 processing fee will be assessed for any payment returned by your bank, regardless of the reason for non-payment													
Section 3	Course Inf																
Course Title																	
Total # of Hours Requ	uested																
Subject(s) Offered																	
Date/s Offered																	
Course Locations																	
Method of Certifying																	
Course Objectives																	
OFFICIAL USE ONLY																	
Reviewed by:			Date	e:													
Approved	Disapproved			Provid	der #:												

Sectio	ct Pe	rso	n/C	oord	lina	to	r																	
Name																								
Address	Street:																							
	City:	Sta											tate: Zip Code:											
Telephone	е																	Ex	xt.					
E-Mail Ad	dress																							
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.																								
Coordinat	or's Sig	nature	e:										D	ate:										