



STATE OF WEST VIRGINIA
Board of Funeral Service Examiners
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CERTIFIED CONTINUING EDUCATION PROVIDER
APPLICATION CALENDAR YEAR 2024
 For Funeral Service Licensees

Provider Name:	Phone:
Address:	Fax:
City, State, Zip:	Email:
Contact Person:	Title:

PLEASE READ COMPLETELY

GENERAL QUALIFICATIONS FOR CERTIFIED PROVIDERSHIP

The purpose of a certified providership is to make available an alternative to individual program applications, by recognizing those organizations which offer numerous, quality programs throughout the calendar year. If approved, a certified provider is given blanket approval to present any continuing education event for one calendar year, without submitting any additional applications for that year. The certification must be renewed annually each January at a cost of \$150.00.

WVBFSE has the authority to approve certification based on a variety of qualifications and has the right to revoke certification of a certified provider immediately if it is determined that the provider is no longer capable of delivering quality programs. WVBFSE may consider reinstatement if the provider can show good cause. Reinstatement of certification is \$150.00.

The application may take up to two (2) weeks to process. Your approval status will be based on information submitted. Enclosed is an agreement we ask that you sign and return to our office as soon as possible.

West Virginia licensees must obtain three (3) hours of General Funeral Service Education and four (4) hours of OSHA or health/safety education every two (2) years. One (1) hour of the General Funeral Service Education must be in Ethics. Licensees are limited to 1.75 hours credit of audio/video events. Licensees were required to satisfy the continuing education requirements when they renew their licenses.

APPLICATION PROCEDURES

Submit the following information to our office:

1. The signed application, signed agreement, and the \$150.00 *non-refundable* fee, made payable to “WVBFSE.”
2. Your organization’s mission statement or list of services available to your membership or the public.
3. Once you receive your certificate, submit a current list of continuing education programs available to funeral service professionals, as well as future courses to **CE Broker**. Once submitted, our office will be notified for approval.



Name: _____

CERTIFIED CONTINUING EDUCATION PROVIDER AGREEMENT, CALENDAR YEAR 2024

I, _____, having authority to enter into this agreement on behalf of
(Authorized person)

(Provider organization)

agree to following conditions of certification:

(1) My organization will submit attendance records for all West Virginia-licensed attendees for all continuing education events within two (2) months of the event **to CE Broker**. The attendance records will contain:

- | | |
|-----------------------------|---|
| (A) Event title | (E) Attendee(s)' license number(s) |
| (B) Date /location of event | (F) Total number of General Funeral Service Education Hours awarded |
| (C) Type of event* | (G) Total number of OSHA Hours awarded |
| (D) Name of attendee | (H) One (1) of the seven (7) hours must be in Ethics |

(2) My organization agrees to award credit based on the following, [one (1) hour credit being based on fifty (50) minutes instruction and a ten (10) minute break]:

- (A) *General Funeral Service Education*: the program must be relevant to issues facing the funeral industry.**
- (B) *OSHA Education*: the program must involve OSHA-related or other health or safety issues.***
- (C) One of the seven(7) credits must be in Ethics during the renewal cycle.
- (D) *Audio or video programs*: the program may be either General Funeral Service Education or OSHA Education, but **will be limited to a total of 1.75 credit hours earned.**

(3) My organization agrees to maintain a record of events for a period of at least three (3) years for purposes of verifying a licensee's attendance at a later date or for purposes of making available to WVBFSE for inspection.

By affixing my signature below, I and my organization agree to abide by the conditions set forth above. I and my organization understand that **this certification must be renewed annually**. I and my organization understand that if my organization fails to provide quality events or has other serious problems that interfere with the events, WVBFSE has the right to cancel my organization's certification immediately. I and my organization understand that WVBFSE may reinstate such certification if my organization can show cause for reinstatement. I and my organization understand that there is a fee, set by legislative rule, for reinstatement.

Name

Signature

Date

*Type of event means the manner in which the material was presented. Events include: (1) live event with presenter in person, (2) live event with presenter via satellite transmission, (3) live event with taped presentation only, (4) audio tape, (5) video tape, (6) book study, (7) Internet. Events can be a combination of these methods. If you are unsure about the appropriate designation, please contact WVBFSE for assistance.

**Examples of General Funeral Service Education: managing a funeral home, grief, funeral arrangement choices, meeting family needs, casket manufacturing, funeral services, personnel issues in the funeral home, commemoration, funeral home profits, pre-planning, FTC, the future of the industry, body preparation or embalming procedures (that do not directly involve safety issues), waxing, cosmetics, post mortem reconstructive surgery, merchandising, cpr training, law/legal updates.

***Examples of OSHA or health/safety-related Education: OSHA-specific courses, hazard communication, formaldehyde safety, bloodborne pathogens, working with chemicals, employee exposure to pathogens/chemicals, EPA practices, preparation or embalming procedures (directly involving safety issues), medical waste handling.