

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF FUNERAL DIRECTORS

LICENSE NUMBER: _____

CONTINUING EDUCATION PROVIDER RENEWAL APPLICATION

NAME: _____

ADDRESS: _____

State Board of Funeral Directors
PO Box 8420
Harrisburg, PA 17105-8420

EXPIRATION DATE:	February 1, 2012
FEE – Payable to “COMMONWEALTH OF PENNSYLVANIA” Write your license number on your payment. A \$20.00 fee will be assessed for returned payment.	\$50.00 License number: _____
LATE FEE - \$5.00 per month, or part of a month Late renewal fee will be assessed if postmarked after March 1, 2012.	YOU MAY NOT PROVIDE CONTINUING EDUCATION PROGRAMS ACCEPTABLE TO THE BOARD IN PENNSYLVANIA WITHOUT A CURRENTLY REGISTERED CONTINUING EDUCATION PROVIDER APPROVAL.

Provider will no longer be offering continuing education courses in Pennsylvania after February 1, 2012 and requests inactive status.

Provider has a change of name or address. Please complete information below:

Name Change	Address Change
New Name:	

ATTACHED IS A LIST OF COURSES THAT HAVE BEEN APPROVED TO DATE. PLEASE REVIEW THIS LIST AND RETURN TO THE BOARD WITH ANY CHANGES. IF YOU ARE NO LONGER OFFERING A COURSE THAT IS LISTED, PLEASE MARK THE COURSE INACTIVE. IF A COURSE HAS A NAME CHANGE, PLEASE INDICATE THE CHANGE. IF THE CONTENT OF A COURSE HAS BEEN ALTERED OR THE NUMBER OF HOURS CHANGED, A NEW APPLICATION MUST BE SUBMITTED. YOU CAN DOWNLOAD AN APPLICATION AT www.dos.state.pa.us/funeral. PLEASE RETURN THE ATTACHED LIST WITH ANY CHANGES ALONG WITH YOUR RENEWAL AND FEE TO THE ADDRESS LISTED ABOVE.

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 and 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 my license being disciplined.

Signature (**Mandatory**): _____

Date: _____