

CONTINUING EDUCATION REPORTING FORM

Compliance Period: August 1, 2018 - July 31, 2020

Complete this form after you attend an **approved** Continuing Education activity. **You must submit this completed form to the Board Office.** In addition, you must sign an Attendance Record Form at the program.

Name: _____ KY. FD#: _____ KY. EMB#: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Business (funeral home/embalming service) _____
 Business Address: _____
 City: _____ State: _____ Zip: _____

1. Attend a Board **approved** Continuing Education activity.
2. Sign the Sponsor's Attendance Record Form at the program.
3. Have the Sponsor/Representative print name and sign this form.
4. You must complete and sign this form and **make a copy for your records.**
5. You must submit this completed form to the Board Office.
6. Attach accompanying certificates.

DATE	TITLE/SPONSOR	WEB/IN PERSON	HOURS	SPONSER'S SIGNATURE

I swear and affirm that the above information is true and correct.

 Licensee's Signature

 Date

This application must be completed as ordered by Kentucky Revised Statutes 316.130 & 316.132 and returned to the Kentucky Board of Embalmers and Funeral Directors. Please send all forms by July 31, 2018 deadline.

KENTUCKY BOARD OF EMBALMERS AND FUNERAL DIRECTORS
9114 LEESGATE ROAD SUITE 4
LOUISVILLE, KY 40222
PHONE# 502-426-4589 FAX# 502-426-4117