CONTINUING EDUCATION

Selected Independent Funeral Homes has sought accreditation for continuing education for attendance at this Spring Management Summit from the Academy of Professional Funeral Service and states that have continuing education requirements. The Academy has approved the meeting for 8 contact hours, which equals 0.8 CE Units in Category A (provider #1024; event #13-5484).

Participants need to be aware that credit and session approvals vary by state. Selected cannot guarantee that approval will be granted by states. Refer to information posted for current approvals and/or visit Selected's website at *www.selectedfuneralhomes.org/continuing-education*.

For your convenience, this form is provided to record your credit and help facilitate communication of your meeting attendance to those groups interested in your participation. It is your responsibility to obtain signatures verifying your attendance at the applicable sessions and to retain this information in your files. It is your responsibility to confirm that each session has been approved by your state. This form is not intended to replace those that may be required by your state. **It also is your responsibility to sign the attendance sheets provided onsite at the meeting in order for Selected to have proof of your attendance at this meeting and to provide verification of your attendance.**

Name _____

Address _____

City _____ State _____ Zip _____

Professional Academy File Number (Academy members only) _____

State Funeral Director Number _____ State Embalmer Number _____

This form is my record that I attended the 2013 Spring Management Summit of Selected Independent Funeral Homes held May 1-3, 2013 in Columbus, OH. This meeting offered participants an opportunity to update old skills, acquire new skills, share current information/best practices and identify professional issues which assist funeral directors in better serving their client families.

Please check one:

☐ I attended the entire meeting and request full credit.
(This meeting was approved for a total of _____ hours by the state of _____.)

☐ I attended the meeting for _____ hours [from _____ (a.m./p.m.) to _____ (a.m./p.m.)]

Participant Signature _____

Authorizing Signature _____
Amy Hunt, Director of Meetings and Education

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