

CONTINUING EDUCATION

Selected Independent Funeral Homes has sought accreditation for continuing education for attendance at this Group Meeting from the Academy of Professional Funeral Service and states that have continuing education requirements. The Academy has approved the meeting for 6.0 contact hours, which equals 0.6 CE Units in Category A (provider #1024).

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/meetings/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 session and to retain this information in your files. It is your responsibility to confirm that the session has been approved by your state. Some states require attendance in the session as a whole to receive credit and do not award partial credit. If your state accepts partial credit, indicate the hours of the session you attended below, and obtain an authorized signature on-site. 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 on-site 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 _____

I attended the 2010 Group Meeting in: (check one)

- Asheville, NC, April 11-13 (event #10-3233)
- Chatham, MA, April 25-27 (event #10-3234)
- Kansas City, MO, May 5-7 (event #10-3235)

Please check one:

- I attended the entire session and request full credit for the meeting. This meeting was approved for a total of _____ hours by the state of _____.
- or
- I attended the session for _____ hours [from _____ (a.m./p.m.) to _____ (a.m./p.m.)]

Attendee Signature _____

Authorizing Signature _____

Amy Hunt, Director of Meetings and Education

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