

# INFORMATION AND INSTRUCTION SHEET

## ILLINOIS CONTINUING EDUCATION SPONSOR APPLICATION FUNERAL DIRECTOR AND EMBALMER DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

### CE SPONSOR APPROVAL

An entity seeking approval as a Continuing Education (CE) Sponsor of formal programs shall:

1. Submit the Illinois Continuing Education Sponsor Application.
2. Forward a fee of \$500 in the form of a check or money order made payable to the Department of Financial and Professional Regulation. *Fee is non refundable.* Forward the application and fee to the address listed below.  
  
Department of Financial and Professional Regulation  
ATTN: Division of Professional Regulation  
PO Box 7007  
Springfield, IL 62791
3. Provide a copy of a sample program including course materials, outline, and presenter qualifications.
4. Enclose a sample Certificate of Attendance, which must include:
  - a. The name, address, license number and signature of the CE sponsor;
  - b. The name and license number of the participant;
  - c. A brief statement of the subject matter;
  - d. The number of CE hours awarded in each program and the CE topic;
  - e. The date and place of the program; and
  - f. The method of delivery of the course (classroom, webinar, video book, audiotape, etc.

### CE COURSE CONTENT

All programs shall:

1. Contribute to the advancement, extension, and enhancement of the professional skills and knowledge in the practice of funeral directing or embalming;
2. Foster the advancement and enhancement of professional skills and knowledge;
3. Be developed and presented by persons with education, training and/or experience in the subject matter of the program;
4. Specify the course objectives, course content and teaching methods to be used; and
5. Specify the number of CE hours that may be applied to fulfilling the Illinois CE requirements for license renewal.

### RESPONSIBILITY OF CE SPONSOR

1. It shall be the responsibility of the sponsor to provide each participant in an approved program with a Certificate of Attendance as outlined above.
2. The Department or Board may evaluate any sponsor of any approved CE program at any time to ensure compliance.
3. The CE sponsor shall maintain attendance records and course materials for not less than seven (7) years.
4. Each CE sponsor shall provide a mechanism for evaluation of the program and instructor by the participants. The evaluation may be completed on-site immediately following the program presentation or an evaluation questionnaire may be distributed to participants to be completed and returned by mail. The sponsor and the instructor, together, shall review the evaluation outcome and revise subsequent programs accordingly.

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5. The sponsor shall be responsible for assuring that no renewal applicant receives CE credit for time not actually spent attending the course.
  6. Any time the sponsor subcontracts with a presenter, all advertisements, promotional materials and the Certificate of Attendance will bear the name, address and license number of the sponsor.

The name of the subcontractor may appear as the "Presenter" but no document shall imply that the subcontractor is licensed as a CE sponsor.

7. The Department will give no credit for programs offered subsequent to the date of the Department's withdrawal of the sponsor's approval.

#### **C.E. SPONSOR RENEWAL REQUIREMENTS**

To maintain approval as a sponsor, each sponsor license must be renewed by May 31 each odd numbered year. The renewal fee is \$250.

During the renewal, renewal forms are available at [www.idfpr.com](http://www.idfpr.com). CE sponsors must notify the Department of all address changes in writing.

#### **LICENSEE C.E. RENEWAL REQUIREMENTS**

##### **FUNERAL DIRECTOR**

- Funeral Director renewal applicants are required to complete 12 hours of CE relevant to the practice of funeral directing during the prerenewal period, of which not more than 3 CE hours may consist of insurance courses.

##### **FUNERAL DIRECTOR AND EMBALMER**

- Funeral Director and Embalmer renewal applicants are required to complete 24 hours of CE during the prerenewal period. The 24 hours shall include 6 hours of interactive (classroom) CE hours related to the practice of funeral directing and a minimum of 6 interactive CE hours related to embalming. No more than 6 CE hours may consist of insurance courses. A minimum of 12 CE hours per renewal period shall be interactive.

#### **PRE-APPROVED SPONSORS**

The following is a list of pre-approved sponsors. These entities need not apply for a license as a continuing education sponsor.

- A) An accredited college or university, or State agency;
- B) Illinois Funeral Directors Association;
- C) Funeral Directors Services Association of Greater Chicago;
- D) Cook County Association of Funeral Home Owners, Inc.;
- E) Illinois Selected Morticians Association;
- F) National Funeral Directors Association;
- G) Illinois Cemetery and Funeral Home Association;
- H) Selected Independent Funeral Homes;
- I) An Illinois school of mortuary science;
- J) International Order of the Golden Rule;
- K) National Funeral Directors and Morticians Association.

**IMPORTANT NOTICE:** Completion of this form is necessary for consideration for licensure under 225 ILCS 60 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

**ILLINOIS  
CONTINUING EDUCATION SPONSOR  
APPLICATION  
FUNERAL DIRECTOR AND EMBALMER**

FOR OFFICIAL USE ONLY

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

\_\_\_\_\_ Deferred

\_\_\_\_\_ Date

1. OFFICIAL NAME OF SPONSORING ORGANIZATION OR INSTITUTION

2. E-MAIL ADDRESS (REQUIRED)

3. ADDRESS OF SPONSOR'S HEADQUARTERS (Include Street, City, State, and ZIP Code)

4. SPONSOR'S TELEPHONE NUMBER  
(Include Area Code)

5. NAME OF PERSON RESPONSIBLE FOR CONTINUING EDUCATION PROGRAM(S)

6. TELEPHONE NUMBER OF PERSON RESPONSIBLE  
FOR CE PROGRAM

7. LOCATION WHERE RECORDS WILL BE MAINTAINED (Include Street, City, State, and ZIP Code)

8. SPONSOR IS:

State Agency

A School, College, or University

A Professional Association

Firm

Other (Describe) \_\_\_\_\_

9. PURPOSE AND OBJECTIVES OF CONTINUING EDUCATION SPONSOR

10. IF SPONSOR OWNS AND OPERATES MULTIPLE LOCATIONS IN ILLINOIS, ATTACH SEPARATE SHEET LISTING ALL LOCATIONS, INCLUDING THE ADDRESSES (STREET, CITY, STATE, ZIP CODE).

11. THE FOLLOWING MUST BE INCLUDED WITH THIS APPLICATION:

Sample Certificate of Attendance;

Sample student evaluation of the course and instructor;

A course outline, including content of the course and instructor qualifications;

Listing of all locations (if applicable); and

Fee in the amount of \$500 in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation.

\_\_\_\_\_  
Signature of Person Submitting Application

\_\_\_\_\_  
Title

\_\_\_\_\_  
Type or Print Name of Person Submitting Application

\_\_\_\_\_  
Date

**I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.** My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

## AFFIDAVIT

I hereby certify that I am the individual responsible for the continuing education program(s) and course(s) offered by this sponsor and:

1. that all courses and programs offered by this sponsor for CE credit will comply with the criteria in 68 Ill. Adm. Code, Section 1250.220; and
2. that this sponsor will be responsible for verifying attendance at each course or program, and provide a certificate of attendance as set forth in 68 Ill. Adm. Code, Section 1250.220 c)2)A);
3. all programs shall be developed and presented by persons with education and/or experience in the subject matter of the program to be presented;
4. all programs shall specify the course objectives, course content, and teaching methods to be used;
5. contribute to the advancement, extension and enhancement of professional skills and knowledge of the licensee in the practice of funeral directing and embalming;
6. specify the number of CE hours that may be applied to fulfilling Illinois CE requirements for licensure renewal;
7. all programs shall foster the enhancement of general or specialized funeral directing and embalming practice and values;
8. I shall verify attendance at each CE course or program and keep records of such attendance for no less than 5 years;
9. I will give each successful participant a certificate of attendance or participation at the end of the course or program. The certificate will include the name and license number of the participant and the name, address, and license number of the sponsor, a brief statement of the subject matter, the number of hours attended in each program, the date and place of the program, and the signature of the sponsor;
10. that upon request by the Department, this sponsor will submit such evidence as is necessary to establish compliance with the requirements of 68 Ill. Adm. Code, Section 1250.220; and
11. that this sponsor is aware that failure to comply with the Rules of the Department of Financial and Professional Regulation (68 Ill. Adm. Code, Section 1250.220) may result in disapproval of this sponsor by the Department; and
12. that this sponsor is aware that disapproval by the Department will result in no credit being accepted by the Department of Financial and Professional Regulation by this sponsor subsequent to such disapproval.

\_\_\_\_\_  
Type or Print Name of Person Submitting Application

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Person Submitting Application

\_\_\_\_\_  
Date

NAME OF CE SPONSOR:

Profession: