State of West Virginia
Board of Funeral Service Examiners

Continuing Education Attendance Record

Date: _____ Sponsor: _____

Program Title:_____

Location:_____

Number of General Funeral Service Education Credits: _____
Number of OSHA/Health Education Credits: _____
Total Combined:_____

Licensee Name	WV F.D. #	WV Emb. #

I, _____, certify that the above-listed individuals were in attendance at the titled program.