

APPLICATION TO BECOME A CERTIFIED CREMATION EDUCATION PROVIDER

Provider Name:	Phone:	
Course Title:		
Address:	Fax:	
City, State, Zip:	Email:	
Contact Person:	Title:	

BACKGROUND

West Virginia recently began strict regulation of the cremation industry and now requires individuals working in the profession to obtain basic education on cremation operation. Licensing of crematories and their operators officially began July 1, 2003. New West Virginia applicants for a crematory operator license must take an 8-hour course in crematory operation prior to being licensed to practice cremation operation. Operators who were actively practicing on July 1, 2003 were not required to take such a course.

GENERAL QUALIFICATIONS FOR CERTIFIED PROVIDERSHIP

The purpose of a certified providership is to make available courses which will fulfill this 8-hour course requirement, by recognizing those courses which contain all components required of a Board-approved course. **There is no fee for becoming a provider.** If approved, a certified provider is given blanket approval to present its crematory operation education two (2) calender years. The certification must be renewed biennially from the date of original approval. Crematory operators applicants are responsible for paying any fees associated with taking your course.

WVBFSE has the authority to approve a course based on a variety of qualifications and has the right to revoke certification of a provider immediately if it is determined that the provider is no longer capable of delivering quality programs. WVBFSE may consider reinstatement if the provider can show good cause. Reinstatement of certification is \$200.00.

The application may take up to six (6) weeks to process. Final approval or denial will be based on information submitted and the organization's history, if any, with WVBFSE. Your organization will be sent a short agreement to sign upon approval. Attached is a sample copy of that agreement.

The course must be at least eight (8) contact hours and contain, AT MINIMUM, training on:

- A. Terminology used by the cremation industry
- B. Principles of combusion
- C. Environmental and air quality issues
- D. Basic procedures for operating cremation equipment
- E. Handling bodies and packaging cremated remains
- F. Exposure control

APPLICATION PROCEDURES

Submit the following information, along with this form:

- 1. A description of your organization, including a mission statement & list of services available to your membership or the public, and general qualification or expertise in the area of cremation.
- 2. A detailed course curriculum and instructor's qualifications.

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CERTIFIED CREMATION EDUCATION PROVIDER AGREEMENT

Course Title:

Crematory Operator Certification

I,	, having authority to enter into this
	(Authorized person)
agree	ement on behalf of, (Provider organization)
agree	e to following conditions of providership certification:
	SAMPIE
(1)	My organization will submit attendance records for all West Virginia attendees for the approved course within three (3) weeks of the event. The attendance records will contain:
	(A) Course title(B) Date /location of Board-approved course(C) Name of attendee
(2)	My organization agrees to maintain a record of course attendance for a period of at least three (3) years for purposes of verifying a licensee's attendance at a later date or for purposes of making available to WVBFSE for inspection.
abov my o serio provi provi	ffixing my signature below, I and my organization agree to abide by the conditions set forth re. I and my organization understand that this certification must be renewed biennially. I and organization understand that if my organization fails to provide a quality course or has other rus problems that interfere with the course, WVBFSE has the right to cancel my organization's idership immediately. I and my organization understand that WVBFSE may reinstate such idership if my organization can show cause for reinstatement. I and my organization understand there is a fee, set by legislative rule, for reinstatement.
	Print Name
	SAMPLE Signature
	Date