



# CONTINUING EDUCATION INFORMATION

Kansas State Board of Mortuary Arts  
700 S.W. Jackson Street, Suite 904  
Topeka, Kansas 66603-3733  
Phone: (785) 296-3980  
Fax: (785) 296-0891  
Email: [boma1@ksbma.ks.gov](mailto:boma1@ksbma.ks.gov)  
Web site: [www.kansas.gov/ksbma/](http://www.kansas.gov/ksbma/)

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**65-1702. EMBALMER'S LICENSE; EVIDENCE OF CONTINUING EDUCATION REQUIRED FOR LICENSE RENEWAL; EXEMPTION....** (e) "Every licensed embalmer who desires to be actively engaged in the practice of embalming in Kansas shall submit with the renewal application evidence of satisfactory completion of a program of continuing education required by the board. The board by duly adopted rules and regulations shall establish the requirements for such programs of continuing education as soon as possible after the effective date of this act.

(f) Every licensed embalmer who is not actively engaged in the practice of embalming in the state shall be exempt from the continuing education requirements set forth in subsection (e) of this section. If the person becomes engaged in the active practice of embalming, such person shall within the first full year after becoming engaged in active practice meet the continuing education requirements specified by the board.

**65-1716. FUNERAL DIRECTOR'S LICENSE; EVIDENCE OF CONTINUING EDUCATION REQUIRED FOR LICENSE RENEWAL; EXEMPTION...** (e) "Every licensed funeral director who desires to be actively engaged in the practice of funeral directing in Kansas shall submit with the renewal application evidence of satisfactory completion of a program of continuing education required by the board. The board by duly adopted rules and regulations shall establish the requirements for such programs of continuing education as soon as possible after the effective date of this act.

(f) Every licensed funeral director who is not actively engaged in the practice of funeral directing in the state shall be exempt from the continuing education requirements set forth in subsection (e) of this section. If the person becomes engaged in the active practice of funeral directing, such person shall within the first full year after becoming engaged in active practice meet the continuing education requirements specified by the board.

**63-6-1. CONTINUING EDUCATION REQUIREMENTS.** (a) Except as provided in subsection (d), each licensed embalmer or funeral director in this state shall submit with the license renewal application satisfactory proof of completion of a minimum of six clock-hours per year of continuing education credit approved by the board. Each licensee filing proof of completion of continuing education credit with the board on forms approved by the board shall file separately the verification of attendance at each continuing education activity. Compliance with this required continuing education requirement shall be a prerequisite for each embalmer or funeral director license renewal.

(b) Continuing education credit may be obtained by attending and participating in continuing education courses or workshops approved by the executive secretary, continuing education committee, or the board if the program meets the requirements stated in K.A.R. 63-6-2.

(c) Any licensee desiring to obtain credit for completing more than 12 hours of approved continuing education credit during any two licensure years shall report this carry-over credit to the board on or before the expiration of the licensee's current license. The carry-over credit shall be limited to no more than six clock-hours.

(d) The continuing education requirements for each individual newly licensed shall be waived for the first-time renewal of that individual's license.

(e) No more than six hours shall be granted for any one approved continuing education topic.

(f) One hour of continuing education shall consist of no less than 50 minutes of actual approved program time. (Authorized by and implementing K.S.A. 65-1702, 65-1716; effective May 1, 1988; amended Jan. 6, 1992; amended April 3, 1995; amended Jan. 12, 2001; amended November 12, 2004.)

**63-6-2. STANDARDS FOR APPROVAL.** (a) A continuing education course or workshop shall be qualified for approval if the board determines that the course or workshop meets the following conditions:

(1) Constitutes an organized program of learning, including a symposium, that contributes directly to the professional competency of the licensee;

(2) is related to the profession of mortuary science, funeral directing, or embalming with content intended to enhance the licensee's knowledge, skill, values, ethics, or ability to practice as an embalmer or funeral director;

(3) is conducted by individuals considered experts in the subject matter of the program by reason of education, training, or experience; and

(4) is accompanied by a paper, a manual or written outline that substantially describes the subject matter and the length of the program.

(b) Continuing education credit not exceeding three credit hours of the annual total required hours may be approved by the board for any of the following:

(1) Correspondence work;

(2) video, sound-recorded, or television programs;

(3) information transmitted by other similar means as authorized by the board; or

(4) community service programs that are related to the profession of mortuary science, funeral directing, or embalming.

(c) Continuing education credit for service as a lecturer, presenter, or discussion leader may be approved by the board if this activity contributes to the professional competence of the applicant. Repetitions of an initial presentation shall not be counted. Not more than 50 percent of the total required hours may be satisfied in this manner.

(d) The maximum number of credit hours that shall be granted for any single continuing education course or workshop single topic is six.

(e) Lists of approved continuing education programs shall be furnished periodically by the board to licensed funeral establishments and to requesting licensees not employed by a licensed Kansas funeral establishment or branch establishment.

(f) A person, licensed embalmer, licensed funeral director, or organization requesting approval for a continuing education course or a workshop shall make application at least 30 days before the date of each proposed course or workshop. Applications filed but not meeting this deadline shall be reviewed by the board or the continuing education committee at its next regularly scheduled meeting. (Authorized by and implementing K.S.A. 65-1702, K.S.A. 65-1716; effective May 1, 1988; amended April 3, 1995; amended Jan. 12, 2001.)

**63-6-3. POST APPROVAL AND REVIEW.** (a) Each licensed embalmer or funeral director seeking continuing education credit for prior attendance or participation in a program or activity that has not already been approved shall submit, on forms provided by the board, the following information to the board:

(1) The dates;

(2) the subject matter;

(3) the names of the instructors and their qualifications, if applicable;

(4) a description of the program or activity; and

(5) the number of credit hours requested.

A complete written outline describing the subject matter or activity and the time of the program shall accompany all requests. Within 90 days after receipt of the application, the licensee seeking credit shall be advised by the board, in writing and by mail, whether the activity is approved and the number of credit hours allowed. Any licensee may be denied credit if the licensee fails to comply with the requirements of this subsection.

(b) Review of programs. Any continuing education program already approved by the board may be monitored or reviewed by the board. Upon evidence of variation in the program presented from the program approved, all or any part of the program may be disapproved. (Authorized by and implementing K.S.A. 65-1702, 65-1716; effective May 1, 1988; amended June 26, 1989; amended April 3, 1995; amended Jan. 12, 2001.)

**63-6-5. REPORT OF LICENSEE.** Each licensee shall file with the board a signed report of continuing education credit hours completed and of any time when the licensee was exempted by K.S.A. 65-1702(f) and 65-1716(f) during the continuing education compliance period. The licensee shall file the report with the application for renewal of license. (Authorized by and implementing K.S.A. 65-1702; 65-1716; effective May 1, 1988; amended Nov. 13, 1995.)

**63-6-6. INACTIVE STATUS.** (a) Disability or illness shall be a sufficient cause for exemption under K.S.A. 65-1702 and 65-1716, and amendments thereto.

(b) Any licensee who is not engaged in practice in the state of Kansas may be granted a waiver of compliance and obtain a certificate of exemption upon written application to the board. Each application shall contain a statement that the applicant will not engage in the practice of embalming or funeral directing in Kansas without first complying with all regulations governing reinstatement after exemption. Each application for a certificate of exemption shall be submitted on the form provided by the board.

(c) Any inactive practitioner who has been granted a waiver of compliance with article six of these regulations, and who obtains a certificate of exemption, may give notice to the board of the termination of inactive status and request reinstatement of the license.

(1) Upon receipt by the board of a request for reinstatement to active license status and payment of the reinstatement fee, the person's license shall be reinstated.

(2) Within one year of reinstatement, each licensee shall make up all past continuing education hours for all the years of inactive licensure.

(3) Failure to comply with paragraph (c)(2) shall result in automatic termination of active status. (Authorized by and implementing K.S.A. 65-1702, 65-1716; effective May 1, 1988; amended June 26, 1989; amended Jan. 12, 2001.)

**ADDITIONAL INFORMATION:** Licensees are encouraged to submit individual approval cards along with their license renewal every two years. Licensees requesting credit for programs not appearing on the approved list are encouraged to do so **prior** to actual program date. Their request should include appropriate information such as an outline, subject documentation, credentials of presenters and any other necessary material needed for the Board's review. Requests submitted without approval cards or cards that have not been properly signed cannot be approved. Blank approval cards are available through the board's Topeka office.

Correspondence courses, video presentations, programs that you are a lecturer or presenter have a 3 hour maximum per program with a total maximum of 6 hours per renewal. CPR and EMT courses can constitute no more than 4 hours towards any renewal.

A maximum of 18 hours can be submitted for any one renewal period of 2 years. A maximum of 6 hours can be carried over to the next renewal period.

Requests for programs not yet submitted for credit should take place prior to renewal date, so you don't come up short of necessary hours. Extensions on due dates cannot be considered. Failure to submit a minimum of 12 hours of continuing education or an inactive practitioner/disability application will result in your renewal not being processed by the board!!!!

**PLEASE COMPLETE THIS APPLICATION IN FULL!!!!**

# Request For Approval Of Accreditation For Continuing Education For The

## Kansas State Board of Mortuary Arts

700 SW Jackson St., Suite 904, Topeka, Kansas 66603-3733

Telephone: (785) 296-3980 Fax: (785) 296-0891

Email: [boma1@ksbma.ks.gov](mailto:boma1@ksbma.ks.gov) and Web site: <http://www.kansas.gov/ksbma/>

A list of approved programs can be found on our web site.

Today's Date: \_\_\_\_\_

(Circle One) REQUESTING INDIVIDUAL OR ORGANIZATION: \_\_\_\_\_

COORDINATOR: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF PROGRAM: \_\_\_\_\_

LOCATION OF PROGRAM: \_\_\_\_\_ CITY/STATE \_\_\_\_\_

**DATE OF PROGRAM:** \_\_\_\_\_ **START TIME OF PROGRAM:** \_\_\_\_\_

LENGTH (hrs/mins) OF ALL BREAKS/MEALS: \_\_\_\_\_ **END TIME OF PROGRAM:** \_\_\_\_\_

LENGTH (hrs/mins) OF ACTUAL PROGRAM (do not include the breaks/lunch): \_\_\_\_\_

INSTRUCTOR(S): \_\_\_\_\_ TITLE: \_\_\_\_\_

INSTRUCTOR'S CREDENTIALS: \_\_\_\_\_

DESCRIPTION OF MATERIAL TO BE COVERED: (**A PROGRAM OUTLINE--INCLUDING TIMES FOR ALL PORTIONS OF THE PROGRAM AND ANY BREAKS MUST BE ATTACHED**) \_\_\_\_\_

HOW TO REGISTER: CALL MR./MRS./MS. \_\_\_\_\_ AT ( ) \_\_\_\_\_

OR WRITE: \_\_\_\_\_

ANTICIPATED NUMBER OF KANSAS LICENSEES TO ATTEND: \_\_\_\_\_

IF APPROVED, DO YOU WANT THIS PROGRAM TO APPEAR ON OUR CE LIST THAT IS MADE AVAILABLE TO KANSAS FUNERAL HOMES? (Circle one) YES or NO

PERSON TO CERTIFY ATTENDANCE AT THE PROGRAM: \_\_\_\_\_

IF APPROVAL IS GRANTED, HOW DO YOU FEEL ATTENDING WILL AID THE LICENSEE IN SERVING THE PUBLIC? \_\_\_\_\_

Please attach any additional information that would be helpful to the Board in deciding approval (program brochures, other agencies approving the program for continuing education credit...) **WITHOUT ADEQUATE INFORMATION, THE BOARD CANNOT GRANT APPROVAL.** Additional information may also be attached to this application. The **Standards For Approval** (K.A.R. 63-6-2) and **Post Approval and Review** (K.A.R. 63-6-3) regulations can be found on the back of this application.





The Kansas State Board of Mortuary Arts  
Continuing Education Approval Card

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Embalmer License: \_\_\_\_\_ Funeral Director License: \_\_\_\_\_

Hours Credit: \_\_\_\_\_ Date: \_\_\_\_\_

Program Title: \_\_\_\_\_

Location: \_\_\_\_\_ City: \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Kansas State Board of Mortuary Arts  
700 S.W. Jackson Street, Suite 904  
Topeka, Kansas 66603-3733

## INACTIVE PRACTITIONER INFORMATION

### To Become an Inactive Practitioner:

1. Request an inactive practitioner form from the Topeka office.
2. Fill out the Inactive Practitioner Request form and return it to Topeka office.
3. Submit payment for any fees that have not been paid.

**NOTE:** putting your license in an inactive status does not eliminate or reduce the renewal fees but simply drops the continuing education requirements.

**RESTRICTIONS AS AN INACTIVE PRACTITIONER:** As an inactive practitioner you are unable to use your license(s) on an active basis, therefore prohibiting any embalming or funeral directing.

### To Become Reinstated:

1. Request for a reinstatement form from the Topeka office.
2. Fill out the reinstatement form and return it to our Topeka office.
3. Once you have filed the reinstatement application with the Board, you will have one year to acquire the number of continuing education hours lacking.
4. Failure to acquire the hours within the one year time frame will result in your license(s) being automatically returned to inactive status.

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## DISABILITY OR ILLNESS INFORMATION

### Disability or Illness Exemptions:

1. Request disability or illness form from the Topeka office.
2. Fill out the form and return it to the Topeka office.
3. Request must be signed by a Physician.
4. Upon approval, the board may waive the continuing education requirements until fit to work again.

**RESTRICTIONS FOR DISABILITY OR ILLNESS EXEMPTIONS:** Exemptions for Disability or Illness will prohibit the use of all licenses (same as the inactive practitioner).

Maximum time to be on disability or illness status--24 months. After 24 months, you automatically become an inactive practitioner.

**\*\*Please note that with both the Inactive Practitioner or the Disability/Illness Applications--renewal fees will remain the same as if active.**

Request Of Exemption For Inactive Practitioner  
for the  
The Kansas State Board of Mortuary Arts

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**Funeral Director License Number** \_\_\_\_\_ **Embalmer License Number** \_\_\_\_\_

The applicant agrees not to engage in the practice of embalming and/or funeral directing in the State of Kansas without first complying with all regulations governing reinstatement after exemption.

Affidavit of Inactive Practitioner

State Of \_\_\_\_\_, County Of \_\_\_\_\_, SS

I hereby agree not to engage in the practice of embalming and/or funeral directing in the State of Kansas without first complying with all regulations governing reinstatement after exemption pursuant to K.A.R. 63-6-6. Reinstatement of inactive status must be applied on forms provided by the Kansas State Board of Mortuary Arts.

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

(Signed) \_\_\_\_\_

(Address) \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

(County) \_\_\_\_\_

**EXEMPTIONS FOR DISABILITY OR ILLNESS  
for the  
THE KANSAS STATE BOARD OF MORTUARY ARTS**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

FUNERAL DIRECTOR # \_\_\_\_\_ EMBALMER # \_\_\_\_\_

Due to illness and/or disability, I am requesting that the Board of Mortuary Arts grant waivers of the minimum education requirements or extensions of time within which to fulfill the same or make the required reports.

Applicant's Signature \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Waivers of the minimum educational requirements may be granted by the Board for a period of time not to exceed twenty-four (24) months. In the event that the disability or illness upon which a waiver has been granted continues beyond the period of this waiver, the licensee shall apply for an extension of the waiver.

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_, SS

(Signed) \_\_\_\_\_

(Address) \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

(County) \_\_\_\_\_

**Reinstatement of Inactive Practitioners  
for the  
The Kansas State Board of Mortuary Arts**

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**Funeral Director License Number** \_\_\_\_\_ **Embalmer License Number** \_\_\_\_\_

Having been granted a waiver of compliance and a certificate of exemption as an Inactive Practitioner, I am applying for reinstatement of the above named license(s).

- (1) Within one year of reinstatement, I agree to make-up all past continuing education hours for all the years in inactive licensure. Hours due are figured at six (6) hours per year or twelve (12) hours every licensing period.
- (2) Failure to comply with section 1 will result in automatic termination of active status.

The Board will notify you of the number of continuing education hours due within one-year of the filing of this application.

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

**State of** \_\_\_\_\_, **County Of** \_\_\_\_\_, **SS.**

(Signed) \_\_\_\_\_

(Address) \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

(County) \_\_\_\_\_