



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

OFFICE OF PRACTITIONER LICENSING AND CERTIFICATION  
Embalmers/Funeral Directors  
Continuing Education Waiver/Extension Request

License Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address of Record: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Application for (Please check one)  Waiver  Extension

I, \_\_\_\_\_, being duly sworn, declare my eligibility for a waiver/extension of the continuing education requirements:

1. I hereby declare my eligibility for a waiver/extension of the continuing education requirements based on a medical disability/illness pursuant to the provisions of Section 20-219(a), Connecticut General Statutes. I certify that due to a medical disability/illness, I am unable to complete the continuing education requirements from.

\_\_\_\_\_ to \_\_\_\_\_

2. I further declare that I will meet the continuing education requirements as outlined in Section 20-219(a), Connecticut General Statutes, after the dates indicated above.

3. The above statements are true to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Subscribed and Sworn before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public



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