CORONERS' EDUCATION BOARD
REPORT OF CONTINUING EDUCATION

Please check one:

- ☐ **CORONER**
- ☐ **CHIEF DEPUTY CORONER** _____ **YEAR**
- ☐ **FULL TIME DEPUTY CORONER**
- ☐ **PART TIME DEPUTY CORONER**
- ☐ **OTHER** _____ _____**COUNTY**

NAME_____ **SOC. SECURITY #**_____

BUSINESS TELEPHONE #_____**FAX #**_____

BUSINESS ADDRESS_____

_____

(1) COURSE NAME_____

LOCATION_____

DATES AND HOURS TAKEN_____

(2) COURSE NAME_____

LOCATION_____

DATES AND HOURS TAKEN_____

(3) COURSE NAME_____

LOCATION_____

DATES AND HOURS TAKEN_____

Return this form as soon as possible after completion of your 8 hours continuing education requirements, along with copies of the certificates received. Under the provisions of the Coroners' Education Act, the Coroner's failure to complete the required 8 hours of continuing education will result in notification to the Governor who must declare the Office of Coroner vacant. If a Chief Deputy Coroner or a Full Time Deputy Coroner fails the Coroner and Commissioners are notified.

RETURN TO:

Christine Hake, Administrative Officer
Coroners' Education Board
Office of Attorney General
16th Fl., Strawberry Sq., Hbg., PA 17120

Phone: 717-783-6333
Fax: 717-705-7246