OFFICE OF EDUCATION AND EXAMINATIONS

APPLICATION FOR APPROVAL OF FUNERAL DIRECTOR CONTINUING EDUCATION PROGRAM

Please refer to Instructions for Application for Approval of Funeral Director Continuing Education Program (Form #2527) before completing this application.

Please note: By completing this application, the provider agrees to make this continuing education program available to all funeral directors regardless of membership in or affiliation with any organization. The provider further agrees to monitor attendance at the beginning and end of each program and retain records of attendance for a period of five years. Each participant must be given written evidence of having completed the program; certificates must include the program title, the date it was presented, the name of the instructor and the number of hours for the program, all of which must match the information in this application form. If approved, the approval of this program will expire on December 14th of each odd-numbered year.

1. Name of Program Provider _________________________________________________________________

2. Mailing Address __________________________________________________________________________

   (Street Address)   (City)   (State)   (Zip Code)

3. Applicant’s Name & Job Title _______________________________________________________________

4. Applicant’s Telephone Number ______________________________________________________________

5. Applicant’s Email Address _________________________________________________________________

6. Program Title ____________________________________________________________________________

7. Date of Presentation _______________________________________________________________________

8. Location of Program _______________________________________________________________________

9. Indicate the number of hours the program devotes to one or more of the following subject areas:

   _____ Grief counseling or communication

   _____ Professional conduct, business ethics or legal aspects specifically related to practice in the profession

   _____ Business management concepts relating specifically to delivery of services to a consumer

   _____ Technical or practical aspects of the profession

10. Indicate presentation method (example: classroom, web-based video, self-study) ________________
11. If program is self-study, indicate how continuous attendance is monitored (attach additional sheets if necessary)
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

12. Indicate how it is determined that a participant has successfully completed the program (Attach additional sheets if necessary)
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

13. Name of Instructor ____________________________________________

14. Please attach the following documents to complete this application:
   • a copy of the instructor’s resume
   • a timed outline of the program
   • a copy of the program curriculum

15. Signature __________________________________ Date _____________________