

Wisconsin Department of Safety and Professional Services

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OFFICE OF EDUCATION AND EXAMINATIONS

APPLICATION FOR APPROVAL OF CONTINUING EDUCATION COURSE FOR FUNERAL DIRECTORS

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

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 course and retain records of attendance for a period of five years. Each participant must be given written evidence of having completed the course that includes course title, the date it was presented, the name of the instructor and the number of hours, all of which must match the information listed in this application. **If approved, the approval of this course will expire on December 14th of each odd-numbered year.**

1. Name of Course Provider _____

2. Mailing Address _____
(Street)

(City) (State) (Zip)

3. Applicant's Name & Job Title _____

4. Phone _____

5. E-mail address: _____

6. Course Title _____

7. Date of presentation _____

8. Location _____

9. Indicate the number of hours the course is devoted 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 professions

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

_____ Technical or practical aspects of the profession

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10. What is the method of presentation (example: classroom, web-based video, self-study) _____

11. How do you monitor continuous attendance of self-study? (Attach additional sheet(s) if necessary)

12. How do you determine a participant's successful completion of the course? (Attach additional sheet(s) 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 course
- A copy of the course curriculum

15. Signature: _____ Date: _____