PROVIDER/SPONSOR CONTINUING EDUCATION REQUEST APPROVAL FORM

CEU FORM IS NOT APPROVED IN THE FOLLOWING STATES: NEW MEXICO, MARYLAND, FLORIDA, N CAROLINA

Program Provider/Sponsor:

Phone:

Email:

Fax:

Program Provider's Address:

City/State/Zip:

Program Title:

Number of CE Hours Requested: ________________
1 credit hour = 50 minutes (instructional hours excluding registration time, breaks & meals)

Program Date(s):

Program Location:

Program Description: (A program outline, including times for all portions of the program and any breaks must be attached)

Method of Instruction: (check all that apply)
Self Study: ☐ audio ☐ audio/video ☐ exam ☐ book/printed material
☐ online (attach study materials and exam samples & procedures)
Classroom: ☐ lecture ☐ panel discussion ☐ video/teleconference
☐ workshop (indicate # of hours for each section on outline)

Course Evaluation Method:

Program Objectives:

Program Facilitator/Instructor(s):

Faculty/Instructor(s) Company, City, State, Phone #:

Faculty/Instructor's Credentials: (brief summary and/or attach bio or vitae for each, include education & teaching qualifications)

Attendance is certified by: ☐ Sponsor ☐ Instructor Other: ________________________________
(sample certificate of attendance attached with certifier's name and address)
Describe method of attendance monitoring:

This course is approved for C.E. credit by another licensing/professional organization? ☐ No ☐ Yes

If yes, who? ____ and attach documentation.

Will this program be open to all licensees? ☐ Yes ☐ No Fee Amount Charged: $____________________

To register contact: ______________________________ at phone #: ______________________________

or write: ____

This form must be filed with the Board not less than sixty (60) days prior to the date of the program. Without adequate info., the Board cannot grant approval. Attach additional info. that would be helpful to the Board in determining approval. Any change in a program after approval is granted shall be approved by the Board. Failure to do so shall be grounds for revocation of approval.

I certify information contained in this form including the attached documentation is complete and correct.

Name of person completing the application: (Please Print) ____
Address:(if different from above)____

City/State/Zip:____ Date: ______________________________

Signature:____________________________ Phone:__________________ Fax: ____________________

For Board Use Only **State Board:**

	Activity/Program #: Provider #:	Check List:			
	On Agenda for: Meeting.		Complete Application		Roster Received
	Approved for: hours in Category:		Instructor's Credentials/Vita		Other:
	Disapproved – Reason:		Agenda/Outline		MeasureCriteria
	Signed:		Sample Certificate		
	(authorized board staff/reviewer) (Date)		Fee enclosed		

Additional Continuing Education Application Information Required by State Boards

***Arizona:** Indicate the number of hours and what part of program for EACH of the following categories :

_____ A. Mortuary Science

_____ B. Legal Compliance/Ethics

_____ C. Professional/Individual Development

Delaware: Provide information on any other educational program for funeral directors offered by your institution/ organization in the current year. *Educational institution*, use academic year; *professional organization*, use calendar year.

Iowa: Approved sponsors are not required to submit programs on an individual basis. Only the Annual Report is due by December 31 of that year.

***Kansas:** If approved, do you want this program to appear on our C.E. List? ☐ Yes ☐ No

Louisiana: Additional information may be required by the board. *This form and a $50 non refundable fee must be received at least 30 days prior to program. (contact the state board for current fee info.)*

Minnesota: Programs being held in different locations, but having identical curriculum and faculty, are considered one program. Programs that differ in either substance or faculty must apply as separate programs.

***Nebraska:** **Type of Program:** Academic Credit: ☐ semester hours ☐ quarter hours ☐ other
☐ workshop, clinic, lecture, forum, seminar, etc.

Objectives for all programs must relate to the practice of mortuary science and contribute directly to the professional competency of the embalmer/funeral director. After the Board has granted its written approval of the application, the provider is entitled to state upon its publications: This program is approved for ____ (number) Nebraska embalming/funeral directing continuing ed. Hours.

New Mexico: Activities approved by the Academy of Professional Funeral Service Practice will be granted credit by New Mexico. Provide necessary documentation along with copy of approval letter from the Academy.

***Ohio:** **Type or print** one activity per application. Do not list 2 different activities/2 different months on the same application.
Check one: Application is submitted for ☐ Prior Approval (prior to activity) ☐ Individual Request
☐ Post Approval (submitted by individual licensee within (30) days after completion of an out-of-state activity)

South Carolina: Include four (4) copies of each additional materials.

Tennessee: Program must be filled with the Board not less the ninety-(60) days prior to the date of the program.

***Texas:** Indicate *what portion and the amount of hours* in your program pertains to ethics:

Texas Law Updates or Texas Vital Statistics?

This form must be accompanied by a $50 non-refundable fee. (contact state board for annual renewal review and $250 fee info.)

Vermont: Continuing education topics shall be directly related to maintaining competence in essential issues of public protection and welfare. Advance approval for continuing education must contain the name of the sponsoring organization, location of program, title of program, description of content, dates of the program and continuing education hours requested. A resume of all instructors shall accompany the request for approval. Continuing education shall be for whole hours only, with a minimum of fifty minutes constituting one hour. Contact hours may not include travel time, lunch or breaks. Approval will be granted for continuing education for a funeral director and/or embalmer.

***West Virginia:** It is the responsibility of the requesting organization to certify a licensee's attendance at an approved program. Board attendance forms must be used for attendance certification. *Indicate the number of hours and what part of program is considered for the OSHA/Health Education Category (all others will be considered General Education):*

***Wisconsin:** Describe under EACH subject category, those areas of the program which are educational for funeral directors. Itemize the number of educational hours for each part of the program. **Failure to provide required info. will delay processing.**

1. Grief Psychology/Communications

2. Professional Conduct/Ethics

3. Business Management/Delivery of Services

4. Technical/Sciences

National Approval Authority

Academy of Professional Funeral Service Practice: It is the responsibility of the requesting organization to certify a licensee's attendance at an approved program. For home study approval, include ten (10) copies of each program or electronic copy. Providers are required to pay an annual fee of $250 and submit programs for annual review.
If approved, do you want this program to appear on our C.E. list? ☐ Yes ☐ No