



ALABAMA BOARD OF FUNERAL SERVICE

APPLICATION FOR PROVIDER/COURSE APPROVAL

Program Provider/Sponsor:	Phone:
Name of Contact Person:	Fax:
Program Provider's Address:	Email:
	City/State/Zip:

Program Title:	Number of CE Hours Requested:
Program Dates:	Program Location:
Program Description: (Attach description of program, outline and copy of materials distributed)	
Program Objectives:	

Program Facilitator/Instructor(s):

Facilitator/Instructor Credentials: (Attach brief summary or resume/vitae/bio for each)

Attendance certified by: ___ Sponsor ___ Instructor Other _____
 (sample certificate of attendance attached with sponsor's signature and address)

Describe method of attendance monitoring:

This course is approved for CE credit by another licensing/professional organization? ___ No ___ Yes

If yes, Who? _____ (attach documentation)

Will this program be open to all licensees? ___ Yes ___ No Fee Amount Charged: _____

To register contact _____

Method of contact: _____

This form must be filed with the Board not less than ninety (90) days prior to the date of the program. Without adequate information, the Board cannot grant approval. Attach additional information that would be helpful to the Board in determining approval. Any changes 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 the information contained above and the attached documentation is complete and correct.

Name of person completing the application: (Please print)

Address: (if different from above)

City/State/Zip: _____ Email: _____

Signature: _____ Fax: _____

Date: _____

For Board Use Only		Checklist:
Activity/Program#	Provider#	Complete Application
On Agenda for:		Instructor Credentials/Vita
CE Approved hours		Agenda/Outline
Signed:		Measurement Criteria
		Sample Certificate
		Roster Received
(Authorized reviewer)	(Date)	