PROVIDER/SPONSOR CONTINUING EDUCATION REQUEST APPROVAL FORM

Program Provider/Sponsor:	**Phone:** **Fax:** **Email:**
Program Provider's Address:	**City/State/Zip:**
Program Title:	**Number of CE Hours Requested:**
Program Date(s):	**Program Locations:**

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

Method of Instruction: (check all that apply) Self Study: ¨ audio ¨ audio/video ¨ exam ¨ book/printed material **o** 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: To educate funeral service professionals enabling them to better serve their community.

Program Facilitator/Instructor(s): See attached	**Faculty/Instructor(s) Company, City, State, Phone #:** See attached

Faculty/Instructor(s) Credentials: (brief summary and/or attach bio or vita for each, including education and teaching qualifications)
See attached

Attendance is certified by: **o** Sponsor **o** 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? **X** No **o** Yes

If yes, who? _____ (attach documentation)

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

To register contact: NFDA Member Service Representative 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: (if different from above) Date:

Signature: Phone:
Fax:

For Board Use Only	**State Board:**		
	Activity/Program #: Provider #:		**Checklist:**
	On Agenda for:		Complete Application
	Approved for: hours in category:		Instructor/s Credentials/Vita
	Disapproved – Reason:		Agenda/Outline
			Measurement Criteria
			Sample Certificate (if applicable)
			Fee enclosed (if applicable)
	Signed:	Date:	Roster Received after Program
	(authorized board staff/reviewer)		Other:

See next page for additional CE application info required by specific state boards with each application.

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 –

Arkansas: 30 day notice

Connecticut, Delaware, Maryland, New Mexico, Oklahoma, South Carolina: Activities approved by the Academy of Professional Funeral Service Practice will be granted credit by these states. Provide necessary documentation along with copy of approval letter from the Academy

Florida: Apply for CE on Florida's website. $200 Annual Application Fee due June of each year

Georgia: $250.00 Annual Application Fee due March of each year

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

Maine: Use Maine's CE request form.

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.

North Carolina: Use North Carolina's CE request form.

Ohio: Type or print one activity per application. Do not list 2 different activities/2 different months on the same application. **60 day notice required**
Check one: Application is submitted for **o** Prior Approval (prior to activity) **o** Individual Request
o Post Approval (submitted by individual licensee within (30) days after completion of an out-of-state activity)

Pennsylvania: 60 day notice required, $100 fee per course, $100 Annual application fee. No business. No Distance Learning. No Home Study. No need to reapply for repeat courses.

Tennessee: 60 day notice required, Requires 1 copy of this form form per course.

Texas: Indicate *what portion and the amount of hours* in your program pertains to ethics:
Use Texas CE request form. Texas Law Updates or Texas Vital Statistics? none
$50.00 fee per course/$250.00 annual fee

Vermont: Continuing education topics shall be directly related to maintaining competence in essential issues of public protection and welfare. Use Vermont CE form and required outline form. Send 1 original and 4 copies of CE request. 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. **60 day notice required**

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).* $100 Application Fee due each year. **45 day notice required.**

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. Automatic approval with Academy approval. **Failure to provide required info. will delay processing.**

1. Grief Psychology/Communications 3. Business Management/Delivery of Services

2. Professional Conduct/Ethics 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. **30 day notice requested**
Providers are required to pay an annual fee of $300 and submit programs for annual review. For Home Study approvals one copy of each program is required.
If approved, do you want this program to appear on the APFSP CE list? **o** Yes **o** No