



ALABAMA BOARD OF FUNERAL SERVICE

APPLICATION FOR PROVIDER/COURSE APPROVAL (2016-2018)

Program Provider:	Phone:	Fax:
	Email:	

Provider's Address:	City/State/Zip
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Program Title:	Number of CE Hours Requested
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Program Date(s):	Program Location(s):
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Program Description:

Method of Instruction <small>(check all methods that apply)</small>	Self Study	Audio/CD	Audio/Video/DVD	Book/Printed Material
		Online/Home Study		
	Classroom	Lecture/Seminar		Panel Discussion
		Video/Teleconference/Webinar		Workshop

Program Objectives:

Program Facilitator/Instructor(s):	Facilitator/Instructor(s) Company/State/Phone
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Facilitator/Instructor(s) credentials: *(Brief summary and or attach bio for each, including education and qualifications)*

Attendance certified by:	Sponsor	Instructor	Other
Method of attendance monitoring:	Sign-in	Scan	Other
Is course approved for CE credit by another licensing or professional agency?		Yes	If Yes, approved by whom? <i>(Attach documentation)</i>
		No	
Will program be open to all licensees?		Fee Charged?	

To register 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 change in a program format or content 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 the form including the attached documentation is complete and correct.

Name of person completing the application (please print)

Address/City/State/Zip

Phone/Fax/Email

(if different from above)

Signature:

Date:

For Board Use Only	Checklist
Provider Number	Completed Application
Course Number	Instructor Credentials/Bio
Board Meeting	Agenda/Outline
Hours Approved	Sample Certificate
Disapproved-Reason	Roster Received

Signed: _____ Date: _____
(Authorized Board representative)