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ALABAMA BOARD OF FUNERAL SERVICE

**APPLICATION FOR INSTRUCTOR
APPROVAL**

INTERNAL USE ONLY Approval Date _____
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APPLICATION FOR INSTRUCTOR APPROVAL

1. Full Name _____ Title: _____

2. Address _____
PO Box Street City Zip

3. Email _____

4. Business Name: _____

5. Address: _____
PO Box Street City Zip

Telephone number: _____ Fax number: _____

5. Has your professional/occupational license (whether insurance, funeral service, funeral director, embalmer or etc.) ever been suspended, revoked, or surrendered in Alabama or another state? _____
If yes attach a statement providing complete details.

6. **Indicate type of instruction for continuing education course seeking approval:**

____ Funeral Directing/Embalming ____ Legislative ____ Crematory Operations
____ Cemetery Operations ____ Grief/death/dying Other (specify) _____

Do you have at least five years of experience in the area you are seeking instruction approval for? _____
(Provide bio/resume to support your request for instructor approval.)

Signature of Applicant

I certify that the information provided on this application and all attachments is true and correct to the best of my knowledge. I understand that any omission, inaccuracy or failure to make full disclosure constitutes grounds for denial of approval or for suspension/revocation of approval if granted.

Signature Date: _____

*AFBS Law & Rules can only be taught by the Executive Secretary, Associate Executive Secretary, Board Members of the Alabama Board of Funeral Service, Attorneys or Judges.

*Preneed Law can only be taught by the Department of Insurance Preneed Division

Section 34-13-56 (a)(2)(s);(x);(y);(z);(cc) Grounds for revocation, suspension, or refusal to issue or renew licenses; fines.