



# ALABAMA BOARD OF FUNERAL SERVICE

## APPLICATION FOR INSTRUCTOR APPROVAL

|   |  |  |
|---|--|--|
| Full Name:  |  |  |
| Address:  |  | City/State/Zip:                                      |
| Email:  |  | Phone:   |
| Business Name:  |  | Fax:   |
| Business Address:   |  |  |
| Method of Instruction (check all that apply):   |  |  |
| <input type="checkbox"/> In Person  | <input type="checkbox"/> Online            | <input type="checkbox"/> Live Webinar/Teleconference |
| <p>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? _____</p> <p>If yes attach a statement providing complete details.</p>   |  |  |
| Indicate type of instruction for continuing education course seeking approval:  |  |  |
| <input type="checkbox"/> Funeral Directing/Embalming  | <input type="checkbox"/> Legislative       | <input type="checkbox"/> Crematory Operations        |
| <input type="checkbox"/> Cemetery Operations  | <input type="checkbox"/> Grief/Death/Dying | <input type="checkbox"/> Other(specify)              |
| <p>*ABFS Law &amp; Rules shall only be taught by the Executive Secretary, Associate Executive Secretary, Board Members of the Alabama Board of Funeral Service, Attorneys or Judges.</p> <p>*Preneed Law shall only be taught by the Department of Insurance Preneed Division</p>   |  |  |
| 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)  |  |  |
| <p><b>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.</b></p> |  |  |
| Name of person completing the application: (Please print)<br>Address: (if different from above)<br>City/State/Zip:<br>Phone/Fax:<br>Email:<br>Signature:  |  |  |
| Date:   |  |  |
| <b>For Board Use Only</b>   |  |  |
| Approval Date:  |  |  |
| Disapproved-Reason  |  | Checklist:   |
| Signed:   |  | <input type="checkbox"/> Completed Application       |
| (Signature of Authorized (reviewer) _____ (Date) _____)   |  | <input type="checkbox"/> Credentials/ Bio            |