

## ALABAMA BOARD OF FUNERAL SERVICES

## APPLICATION FOR INSTRUCTOR APPROVAL

Full Name:			
Addrass			City/State/Zip:
Address:			City/State/Zip.
Email:			Phone:
Business Name:		Fax:	
Business Address:			
Method of Instruction (check all that apply):			
In Person	Online		Live Webinar/Teleconference
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.  Indicate type of instruction for continuing education course seeking approval:			
Funeral Directing/Embalming	Legislative		Crematory Operations
Cemetery Operations	Grief/Death/Dying		Other(specify)
the Alabama Board of Funeral Services, Attorneys or Judges.  *Preneed Law shall only be taught by the Alabama Board of Funeral Services  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)			
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.			
Name of person completing the application: (Please print) Address: (if different from above) City/State/Zip: Phone/Fax: Email: Signature:			
Date:			
For Board Use Only			
Approval Date:			
Disapproved-Reason			Checklist:
Signed:			Completed Application
(Signature of Authorized (reviewer)		(Date)	Credentials/ Bio