



# ALABAMA BOARD OF FUNERAL SERVICES

## APPLICATION FOR PROVIDER-COURSE APPROVAL

Program Provider:					
Provider Address:				City/State/Zip:	
Email:				Phone:	
Program Title:				Fax:	
Program location and Dates(s)				CE's requested:	
Program Facilitator/Instructor(s) (Attach Bio):					
Program Objectives:					
Attendance certified by			Method of monitoring		
Facilitator/Instructor			Sign-in roster		
Provider			Electronic Scan		
Will program be open to all licensees?		Yes	No	Fee Charged?	
To register contact:					
<p><i>Code of Alabama, 1975, Title 34 Chapter 13 Section 53(d)(3) Continuing education providers shall pay a biennial administrative fee established by Board rule. This fee shall be \$200.00 and made payable to the Alabama Board of Funeral Services. This fee must be received prior to any program or provider being granted approval. 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 program format or content shall be approved by the Board. Failure to do so shall be grounds for revocation of approval.</i></p> <p><b><u>Alabama approved continuing education providers and courses are for the purpose of offering continuing education hours to funeral directors, embalmers, and/or cremationists licensed in this state. Approvals do not qualify any person to engage in any business, profession, or practice regulated and defined in §34-13-1 unless licensed in accordance with Title 34 Chapter 13 Code of Alabama 1975 and Administrative Code 395.</u></b></p>					
<p><b><i>I certify the information contained in this form including the attached documentation is complete and correct and I have paid the biennially \$200.00 Administrative Fee.</i></b></p> <p>Name of person completing the application: (Please print) Address: (if different from above)  City/State/Zip:  Phone/Fax: Email:  Signature: _____ Date: _____</p>					
<b>For Board Use Only</b>			<b>Checklist:</b>		
Provider Number			Completed Application		
Course Number			Instructor Bio		
Board Meeting			Agenda/Outline		
Hours Approved			Sample Certificate		
Signature of Authorized reviewer			Administrative Fee Received		
Date					