



Louisiana State Board of Embalmers & Funeral Directors
3500 N. Causeway Blvd. Suite 1232
Metairie, LA 70002
504.838.5109 - Fax 504.838.5112

PROVIDER/SPONSOR CONTINUING EDUCATION REQUEST APPROVAL FORM

Program Provider/Sponsor		Phone: Fax: Email:
Program Provider's Address:		City/State/Zip:
Program Title:	Number of CE Hours Requested: 1 credit hour - 50 minutes (instructional hours excluding registration time, breaks & meals)	
Program Date(s): Program Times:	Program Location:	
Program Description: (A program outline, including times for all portions of the program and any breaks must be attached)		
Program Instructors(s) (brief summary and/or attach a bio or vitae for each, include education & qualifications, also provide name of company, address & phone number)		
Attendance is certified by: ☐ Sponsor ☐ Instructor ☐ Other: _____ (if certificate of attendance will be supplied, provide sample of same) Describe method of attendance monitoring:		
This course is approved for C.E. by another licensing/professional organization? ☐ No ☐ Yes If yes, who? _____ and attach documentation.		
Will this program be open to all licensees? ☐ Yes ☐ No Fee Amount Charges: \$ _____ To register contact: _____ at phone# _____ or write: _____		
This form must be filed with the Board not less than (30) days prior to the date of the program. Without adequate info., the Board cannot grant approval. Attach additional info that would be helpful to the Board in determining approval. Any change in a program after approval is granted shall be approved by the Board. Failure to do so will be grounds for revocation of approval.		
I certify info contained in this form including the attached documentation is complete & correct. Name of person completing application: (Print) _____ Address: (If different from above) _____ City/State/Zip: _____ Signature: _____ Phone: _____		

For Board use only:

Program #:	Application complete: ☐ Yes ☐ No	Approved: ☐ Yes ☐ No
	# Hours approved:	Roster/Certification Rec'd: ☐ Yes ☐ No



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CONTINUING EDUCATION ATTENDANCE CERTIFICATION ROSTER

Program # .	Date of Presentation: .
Provider/Sponsor: .	Instructor(s): .
Location: .	Subject(s): .

Signature of Licensee	PRINT NAME as well	License #	Hour(s) attended
1.			.
2.			.
3.			.
4.			.
5.			
6.			.
7.			.
8.			.
9.			.
10.			.
11.			.
12.			.

I certify that the above listed persons attended the entire continuing education presentation on the subject matter(s) approved by the Board.

Signature: _____ Printed Name: _____

Date: _____

Sworn to and subscribed by me, this _____ day of _____, 20 _____, at _____.

 Notary

For Board use only

Date posted:	Date received:	No. of hours approved: .
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