

Louisiana State Board of Embalmers and Funeral Directors

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CONTINUING EDUCATION ATTENDANCE CERTIFICATION ROSTER

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

Signature of Licensee	Printed Name as well <i>Please print clearly</i>	License #	Hour(s) Attended
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I, _____, certify that the above listed persons attended the entire continuing
(Print Name Here) education presentation on the subject matter(s) approved by the Board.

Signature: _____ Date: _____

For LSBFED Use Only:

LSBFED Staff Initials:

Date Posted:	Date Received:	No. of Hours Approved:
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