Louisiana State Board of Embalmers and Funeral Directors

3500 North Causeway Blvd. Suite 1232 Metairie, Louisiana 70002

Phone: 504-838-5109 Fax: 504-838-5112

PROVIDER/SPONSOR CONTINUING EDUCATION REQUEST APPROVAL FORM

Program Provider/Sponsor:	**Phone:**
	Fax:
Program Provider's Address:	**Email:**
	City/State/Zip Code:

Program Title:	**Number of CE Hours Requested:** 1 Credit Hour = 50 Minutes *(Instructional Hours excluding registration time, breaks, and meals)*
Program Date(s):	**Program Location:**
Program Times:	

Program Description: *(Please provide a program outline, including times for all portions of the program and any breaks must be attached.)*

Program Instructor(s): *(Please provide a brief summary and/or attach a bio or vitae for each, including education qualifications, and also provide the name of a company, address, and phone number if they are affiliated with one)*

Attendance is certified by: Sponsor_____ Instructor_____ Other _____ (if certificate of attendance will be supplied, please provide a sample of the same.)

Please describe your method of attendance monitoring:

Is this course an approved C. E. by another licensing/professional organization? ____YES ____NO

If YES, Who?_____ Please attach documentation

Will this program be open to all licensees? ____YES ____NO Fee Amount Charges: $_____

To Register Contact: _____ at phone#_____ or email_____

This form must be filed with the Board not less than (30) days prior to the date of the program. Without adequate into, Board cannot grant approval. Please attach any additional information that could ne helpful 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 on this form including the attached documentation is both COMPLETE & CORRECT.

Name of Person completing the application: *(Please Print)* _____

Address: *(if different from above)* _____

City/State/Zip: _____

Signature: _____ Phone: _____

For LSBEFD Use Only: **LSBEFD Staff Initials:**

Program #:	**Date Received & Completed: ____YES ____NO**	**Approved: ____YES ____NO**
	# Hours Approved:	**Roster/Certification Received: ____YES ____NO**