



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

### Individual Continuing Education Approval Form

#### Licensee Information

Name	License No.
Mailing Address (City, State, Zip)	
Telephone Number:	Fax Number:

#### Program Attended

Title or Topic & Brief Description of Program	
Date of Program	Number of Hours Offered/Attended
Location of Program (Address)	

#### Instructor(s)

Name of Instructor(s)	Title
Summary of Credentials	

Was this course approved for continuing education credit by any other licensing organization?  Yes  No  
Which? \_\_\_\_\_ If yes, please attach documentation.

**I certify that I attended and completed the above educational program on the date listed and have attached proof of attendance.**

<b>Signature:</b>	<b>Date:</b>
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Attach proof of attendance and a description of information and material covered (i.e., outlines, pamphlets, etc.)  
Additional information may be required by the board. This form accompanied by all attachments must be received  
within 30 days of completion of the program.

For Board use only

Program #:	Application complete: <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
	# Hours approved:	Posted: <input type="checkbox"/> Yes <input type="checkbox"/> No