



Louisiana State Board of Embalmers & Funeral Directors
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 Metairie, LA 70002
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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.			.
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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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