

GEORGIA STATE BOARD OF FUNERAL SERVICE

237 Coliseum Dr., Macon, GA 31217

478-207-2440 / fax: 866-888-8026

Date Entered _____
Receipt # _____
Submitted \$ _____
Date Issued _____

APPLICATION FOR APPROVAL OF CONTINUING EDUCATION PROVIDER / SPONSOR

- Complete form • Enclose \$250.00 fee (non-refundable)
- Mail both to the above address
- Application must be received by the Board at least 45 days prior to the date of the proposed activity

Name of Person / Organization: _____

Address: _____
(Street, City, State, Zip)

Contact: _____

Name	Telephone Number	E-mail Address
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Program Title:* _____
*Attach a brief description of the program.

Date(s) Program Offered: _____ **# of CE Hours Offered:** _____

Location / Address: _____

<p>Instructor(s): Include a brief summary of each instructor's credentials.</p>	<p>Name: _____ Title: _____</p> <p><input type="checkbox"/> Embalmer - License# _____ <input type="checkbox"/> Funeral Director - License# _____</p> <p>Name: _____ Title: _____</p> <p><input type="checkbox"/> Embalmer - License# _____ <input type="checkbox"/> Funeral Director - License# _____</p> <p>Name: _____ Title: _____</p> <p><input type="checkbox"/> Embalmer - License# _____ <input type="checkbox"/> Funeral Director - License# _____</p>
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Co-sponsor: YES NO

If this course was approved for continuing education by any other licensing organization, provide name and attach documentation of such: NAME: _____

I have: completed this Application and I will provide each participant with a "Certificate of Attendance" or an appropriate record attesting to the number of hours that person actually attended the program and ;

enclosed with this Application program outlines, schedules or other applicable materials and number of contact hours of instruction. I also understand that additional information may be requested by the Board.

Date	Signature of Responsible Person
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