

Kentucky Board of
Embalmers and Funeral Directors

9114 Leesgate Rd Ste 4, Louisville, KY 40222
502-426-4589

Continuing Education Approval Application

FOR OFFICE USE ONLY

Fee: _____

B c e m p #: _____

Note: _____

Processed: _____

Approval Code: _____

Requesting Organization: _____

Contact: _____ Title: _____

Address: _____

Telephone # _____ Email: _____

Name of Program: _____

Date(s) of Program: _____ Time of Program _____

Course credit hours: _____ Website: _____

Location of Program: _____

Type: ☐ In Person ☐ Live Interactive Webinar ☐ Online/Not Interactive

Instructor(s): _____ Title _____

Instructor's Credentials: _____

Description of materials to be covered: (A program schedule and outline, including times for all portions of the program and any breaks must be attached.) _____

Anticipated Licensees Attending: _____ Cost Per Person: _____

This form must be **typed** and filed with the Board at least thirty (30) days prior to the date of the program together with the associated fee of \$150 per program, in compliance with (201 KAR 15:030). Without adequate information, the Board cannot grant approval. Any change in a program shall require a new continuing education approval request. Failure to do so shall be grounds for revocation of approval.