

Kentucky Board of Embalmers and Funeral Directors

9114 Leesgate Rd Ste 4, Louisville, KY 40222

Office # 502-426-4589 Fax #502-426-4117

Request for approval and accreditation of Continuing Education

Date: _____ Email: _____

Requesting Organization: _____

Coordinator: _____ Title: _____

Address: _____

Telephone # _____ Date of Program: _____ Time of Program _____

Name of Program: _____

Location of Program: _____

Clock Hours of Course Anticipated: _____

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: _____ Person to Certify Attendance: _____

This form must be filed with the Board not less than thirty (30) days prior to the date of the program together with the associated fee of \$150 per program not to exceed \$600, in compliance with (201 KAR 15:030). Without adequate information, the Board cannot grant approval. Attach any additional information that would be helpful to the Board in determining approval. Any change in a program after approval is granted shall be approved by the Board. Failure to do so shall be grounds for revocation of approval.