

Kentucky Board of Embalmers and Funeral Directors

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Office: 502-426-4589 Fax: 502-426-4117 Email: KBEFD@ky.gov

Continuing Education Approval Request

Date: _____ Email: _____
Requesting Organization: _____
Coordinator: _____ Title: _____

Address: _____

Telephone # _____ Course credit hours: _____

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

Name of Program: _____

Location of Program: _____

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 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.

| For office use | | | | |
|----------------|------------|-------------|--------|-------------|
| Received: | Processed: | Payment \$: | Pay #: | Facilitator |
| Notes: | | | | |