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**CEMETERY &
 FUNERAL SERVICES**
 Request for
 Approval of Accreditation of
 Continuing Education

Completion of this form is required for continuing education approval and must be submitted **at least 30 days** prior to presentation. Return for approval to the Director, Consumer Protection BC.

Requesting Organization: _____

Address: _____

CONTACT INFO

Seminar/Registration Coordinator Name: _____ **Title:** _____

Email: _____ **Phone:** _____

Person to Certify Attendance or Person to Issue Certificate **Name:** _____ **Title:** _____

Email: _____ **Phone:** _____

PROGRAM DETAILS

Date of Program: _____ **Location of Program:** _____

Name of Program: _____

This program and accredited hours are to be submitted for the renewal of

- Funeral Director Licence Embalmers Licence

Number of Continuing Education hours requested: _____ (Instructional hours excluding registration time, breaks & meals)

Will this program be open to all licensees? Yes No **Proposed Course Fee** \$ _____

How to Register for the Course (include phone or fax info, or weblink for online registration if available)

Program Description: (a program outline, objectives and agenda must be attached)

Program Instructor(s): (provide a brief summary or attach a bio for each instructor)

Please attach any additional information that would assist in deciding approval.

I certify that the information contained in this request form including the attached documentation is complete and correct.

Name: _____ **Title:** _____

Signature: _____ **Email:** _____