REQUEST FOR APPROVAL OF ACCREDITATION OF CONTINUING EDUCATION

Under the *Cremation, Interment and Funeral Services Act S.B.C (2004)*

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: _____

SEMINAR CO-ORDINATOR: _____

NAME OF CO-ORDINATOR (please print)

_____ _____

ADDRESS TELEPHONE

_____ _____

CITY FAX

DATE OF PROGRAM: _____

NAME OF PROGRAM: _____

LOCATION OF PROGRAM: _____

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

PROGRAM DESCRIPTION (A program outline, objectives and agenda must be attached)

PROGRAM INSTRUCTOR (S) Please provide a brief summary or attach a bio for each.

See reverse side for additional C.E. application information

Mailing Address:
PO Box 9244
Victoria, BC V8W 9J2
Telephone: 604 320-1664
Facsimile: 250 920-7181
Toll free: 1 888 777-4393

Location: 307-3450 Uptown Blvd. Victoria, BC V8Z 0B9

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Name of Person to Certify Attendance: _____

Telephone: _____

Name of Person issuing Certificate: _____

Telephone: _____

All funeral directors and embalmers must each take a minimum of six (6) hours of continuing education every two years.

THIS PROGRAM AND ACCREDITED HOURS ARE TO BE SUBMITTED FOR THE RENEWAL OF

☐ Funeral Director License ☐ Embalmers License

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

To register contact: _____

Telephone: _____

Please attach any additional information that would assist in deciding approval (program brochures, other agencies approving the program for C.E. credit, etc). The **Standards for Approval** are enclosed with this application form.

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

Name of person completing application .

Address: _____
(Street/City/Postal Code)

Signature: _____ Telephone: _____

Date submitted: _____

For Director's Use Only

☐ Approved for _____ hours for ☐ Embalmer / for ☐ Funeral Director

☐ Disapproved -- Reason: _____

_____

Signature: _____ Date: _____