



SOUTH CAROLINA BOARD OF FUNERAL SERVICE

P O BOX 11329

COLUMBIA, SC 29211

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Rev 1/09

REQUEST FOR APPROVAL OF CONTINUING EDUCATION

Requesting Organization: _____	Name of Contact: _____
Address: _____	City/State/Zip: _____
Phone: _____	Fax: _____
Email: _____	_____

Title of Program: _____	Number of CE Hours Requested _____
_____	_____
Program Date (s): _____	Program Time: _____
_____	Program Location: _____

Program Description: (A program outline, including times for all portions of the program and any breaks must be attached)

Method of Instruction: (check all that apply)

Self Study: audio audio/video exam book/printed material

online **(attach study materials and exam samples & procedures)**

Classroom: lecture panel discussion video/teleconference

workshop (indicate # of hours for each section on outline)

Program Facilitator/Instructor(s): _____	Faculty/Instructor(s) Company, City, State, Phone #: _____
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Who is to Certify Attendance: Sponsor Instructor Other _____

(sample certificate of attendance attached with certifier's name and address)

Will this program be open to all licensees? Yes No

If approval is granted, how do you feel attendance will aid the licensees in service to the public?

This form must be filed with the Board not less than thirty (30) days prior to the date of the program. Without adequate information, the Board cannot grant approval. Attach 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.

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

Signature Date

Complete this form in its entirety and submit one complete packet to the above address.

For Board Use Only

CE Course status: _____

Date approved: _____