

North Carolina Board of Funeral Service

1033 Wade Ave., Suite 108, Raleigh, NC 27605
(919) 733-9380 Fax (919) 733-8271

APPLICATION FOR CONTINUING EDUCATION PROVIDER APPROVAL

Name of Provider: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Name of Contact Person: _____

Business Address: _____

Telephone Number: _____ Fax Number: _____

Qualifications:

1. Are you/have you ever been a provider of continuing education in another state and if so what state(s)?

2. Have you ever had your provider authority suspended or revoked? If so give the provider name and the state(s)?

I certify that the answers and information herein are true and correct to the best of my knowledge. I understand that disclosure of false information constitutes grounds for authority denial.

Authorized Signature: _____

The Provider Agrees To:

1. Abide by all statutes, rules, policies and guidelines relating to continuing education for licensees of the NC Board of Funeral Service.
2. File with the Board information giving exact dates, time and locations for each scheduled class. This information shall be submitted no later than thirty (30) days prior to any class offering; and
3. Properly monitor participants attendance and attention; and
4. Issue cards verifying attendance/completion to any participant who satisfactorily completes an approved course offering; and
5. Monitor the activities of persons responsible, in any way, for the conduct of any of the activities associated with the approved course offering; and
6. Maintain records for one year for each person attending this provider's course(s); and
7. Forward the Board copies of the continuing education cards for the attendees within ten (10) days following date of course completion.

Authorized Signature: _____

Date: _____

FOR INTERNAL USE ONLY: Assigned Provider Number _____

Approval Expires _____