



NC Board of Funeral Service
Online Continuing Education Course Approval Request Form

THIS FORM IS TO BE COMPLETED BY THE LICENSEE REQUESTING APPROVAL FOR AN ONLINE COURSE AND IS DUE TEN (10) DAYS PRIOR TO TAKING THE ONLINE COURSE.

FAX: 919-733-8271 EMAIL: mmills@ncbfs.org

Name of Approved Provider: _____

Title of course(s): _____

Telephone number of provider: _____ Registration fee _____

Name and License number of applicant: _____

Mailing address _____

City

State

Zip

Telephone number: _____ Fax: _____

Licensee Signature

Date

FOR OFFICE USE ONLY

Approved by Board Staff: _____
Printed Name and Signature

Date of Approval

Date course can be taken (at least 10 days from date of filing): _____

Certificate of completion received from provider: _____