



## BOARD OF FUNERAL DIRECTORS AND EMBALMERS

DAVY CROCKETT TOWER  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-1144  
PHONE (615) 741-5062 FAX (615) 532-1903  
Website: <http://funeral.tn.gov>

### **MEMORANDUM**

**TO:** CONTINUING EDUCATION PROVIDERS AND SPONSORS

**FR:** ROBERT B. GRIBBLE, EXECUTIVE DIRECTOR

**RE:** CONTINUING EDUCATION PROVIDER APPROVAL REQUEST FORM

For your convenience, we have attached the Provider Approval Request Form and information pertaining to its completion. We suggest that you review all of the Continuing Education Rules, giving considerable attention to Chapter 0600-10-.04. It is important to thoroughly follow all instructions.

The following must be received by our office **at least sixty (60) days prior to the date of your course:**

- Completed Request for Approval Form
- Outline of the program/course objectives and daily schedule
- Resume/vitae/biographical sketch of each instructor/speaker

You may wish to email your requests to: [funeral.cemetery.board@tn.gov](mailto:funeral.cemetery.board@tn.gov) in a PDF format. The PDFs should be saved separately.

Your course will be reviewed and if approved, you will receive an approval letter along with an attendance roster for your convenience, to be completed and returned to our office. Each provider is assigned a Provider Number, and every course is assigned a Course Number. Include these numbers on the attendance roster when sending it back to our office.

All continuing education courses will be approved only for whole credit hours. We do not recognize half credits, (i.e. 1.5 CE hours).

Should you have any questions, do not hesitate to contact our office.

## Provider/Sponsor Continuing Education Request Approval Form

<b>Program Provider/Sponsor:</b>			
<b>Name of Contact Person:</b>	<b>Phone:</b>	<b>Fax:</b>	
	<b>Email:</b>		
<b>Program Provider's Address:</b>	<b>City/State/Zip:</b>		

<b>Program Title:</b>	<b>The number of CE Hours Requested:</b>
<b>Program Date/s:</b>	<b>Program Location/s:</b>

<b>Program Description:</b>						
<b>Method of Instruction:</b> (checkboxes of all methods that apply)	<b>Self-Study</b>	Audio/CD	Audio/Video DVD	Book/Print Material		
		Online	Live Webinar	Live Teleconference		
	<b>Classroom</b>	Lecture	Panel Discussion			
		Multimedia	Workshop (# of hrs. for each section indicated on outline)			
<b>Course Evaluation Method</b>						

<b>Program Objectives:</b>
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<b>Program Facilitator/Instructor(s):</b>	<b>Faculty/Instructor(s) Company, City, State, Phone:</b>
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<b>Faculty/Instructor(s) Credentials:</b>
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<b>Attendance is certified by:</b>	<b>Provider/Sponsor</b>	<b>Instructor</b>	<b>Other</b>
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<i>Describe the method of attendance monitoring:</i>
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Is the course approved for CE credit by the Academy of Professional Funeral Service Practice or another licensing/professional organization?		If yes, approved by whom? (Attach documentation)
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Will the program be open to all licensees?		Fee Amount Charged to Participants:
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To register, contact:
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***This form must be filed with the Board not less than sixty (60) 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 that the information contained in this form including the attached documentation is complete and correct.***

Name of person completing the application (please print): \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City/State/Zip (if different from above): \_\_\_\_\_

Phone/Fax/Email (if different from above): \_\_\_\_\_

Signature (below): \_\_\_\_\_

Date Sent: \_\_\_\_\_

<b>For Board Use Only</b>		<b>State Board:</b>			<b>Checklist:</b>			
Activity/Program #:					Complete Application			
Provider #:								
On Agenda for:					Instructor/s Credentials/Vita			
Approved for:	Hours	Category:						
Disapproved – Reason:					Measurement Criteria Sample Certificate (if applicable)			
Signed: _____ (Authorized board staff/reviewer)							Roster Received after Program	
							Date: _____	



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**ROSTER OF CONTINUING EDUCATION PARTICIPANTS**

The Course Provider should email the course records to [lisa.bohannon@tn.gov](mailto:lisa.bohannon@tn.gov) in the format of a PDF document. Include the course title, approved course number, completion date, and the name of the participant, their license number, and the number of credit hours. Course records must be received by the Board Office within thirty (30) days of the course’s completion. Incomplete forms will be returned to the Course Provider, and the licensee will not receive continuing education credit(s).

**Course Title:** \_\_\_\_\_

**Course Number:** \_\_\_\_\_ **Completion Date:** \_\_\_\_\_ **No. of Hours:** \_\_\_\_\_

**Course Provider’s Name:** \_\_\_\_\_

**Course Location:** \_\_\_\_\_

**Signature of Instructor / Provider:** \_\_\_\_\_

The licensee must complete the information below to ensure proper credit regarding this course.

Licensee’s Name (Must Be Legible)	FD License No.	EMB License No.

**SAMPLE COURSE  
ITINERARY**

**COURSE NAME  
PROVIDER NAME  
DATE OF COURSE**

<b>START TIME</b>	<b>END TIME</b>	<b>INFORMATION</b>
<b>8:30 A.M.</b>	<b>9:00 A.M.</b>	<b>REGISTRATION</b>
<b>9:00 A.M.</b>	<b>10:00 A.M.</b>	<b>COURSE I</b>
<b>10:00 A.M.</b>	<b>11:00 A.M.</b>	<b>COURSE II</b>
<b>11:00 A.M.</b>	<b>12:00 P.M.</b>	<b>COURSE III</b>
<b>12:00 P.M.</b>	<b>1:00 P.M.</b>	<b>LUNCH</b>
<b>1:00 P.M.</b>	<b>2:00 P.M.</b>	<b>COURSE IV</b>
<b>2:00 P.M.</b>	<b>3:00 P.M.</b>	<b>COURSE V</b>