



Paul R. LePage
Governor

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Funeral Service
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Anne L. Head
Director

APPLICATION FOR CONTINUING EDUCATION

Applicant's Name: _____ Phone Number: _____

Applicant's Address: _____

Program Title: _____ Program Sponsor: _____

Type of Program:

On-site, Instructor Led

Date(s): _____ Location(s) _____ Hours Requesting: _____

Funeral Home-Based (In-House)

Date(s): _____ Location(s) _____

Hours Requesting (maximum 3): _____

Online/Home Study

Hours Requesting (maximum 2): _____

Was this program/course approved by the Academy of Professional Funeral Service Practice? If yes, no further action is necessary by the Maine Board of Funeral Service. You may, however, forward your approval letter for the Board's files.

Yes No

Was the program/course sponsored and approved for continuing education credit by any state funeral board or state licensing authority? If yes, no further action is necessary by the Maine Board of Funeral Service. You may, however, forward your approval letter for the Board's files.

Yes No

PLEASE MAIL THIS APPLICATION TO THE ABOVE ADDRESS WITH THE FOLLOWING:

- Course materials or syllabus including a course description that clearly describes the content of the course.
- Course materials or syllabus including a summary outline of major topics with the number of classroom hours devoted to each major topic.
- Instructor's qualifications.

FOR OFFICE USE ONLY

Reviewed by: _____

Approved Number of Hours: _____

Denied Reason: _____

Revised 3/2008



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(888) 577-6690 (HEARING IMPAIRED)

OFFICE PHONE: (207) 624-8626

OFFICES LOCATED AT: 76 NORTHERN AVENUE,
GARDINER, MAINE

FAX: (207) 624-8637