



STATE OF NEVADA

FUNERAL AND CEMETERY SERVICES BOARD

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Email: nvfuneralboard@fb.nv.gov * Website: <http://funeral.nv.gov/>

Continuing Education Approval Form

General Instructions (Note: Documents submitted with this application will not be returned.)

The following form must be used to approve any continuing education which is not automatically approved by the Board. Please note that many training are automatically approved and do not require any further approval by the Board.

- Courses which are approved by the Academy of Professional Funeral Service Practice (APFSP) **do not require additional approval by the Board.**
- Courses sponsored by National or State organizations or associations that administer training relating to the funeral industry **do not require additional approval by the Board.**
- Funeral Directors and Embalmers must provide proof to the Board of completion of twelve (12) hours of continuing education within the two (2) years immediately preceding the date of application for renewal or reactivation of the license.
- The Board will audit a percentage of licensees during each period of renewal by requiring those licensees to submit proof of completion of the required hours of continuing education.

Required Documents

- Completed and signed Continuing Education Approval Form.
- Brief bio or resume of each presenter.
- Agenda detailing dates/times and subject of each session.

Requester: Attendee CE Provider Contact

Name:

Mailing Address (all Board correspondence will be sent to this address):

City:

State:

Zip Code:

Phone Number:

E-mail Address:

Continuing Education Provider:

Name:

Address:

City:

State:

Zip Code:

Phone Number:

E-mail Address:

Continuing Education Approval Form

Course, Presentation or Activity:

Title:

Date(s) of Presentation: Time(s): Length of Presentation/Course: **(Note: One (1) hour of CEU = 50 minutes)**

Location of Presentation:

City:

State:

Zip Code:

 Internet Classroom Computer-based Training Video Other (explain):**Presenter(s): Please attach short bio for each presenter detailing experience.**

Name

Title

Outline of Course: Please provide a general outline of the course content.**Declaration**

I hereby declare under penalty of perjury, that all of the information supplied herein is to the best of my knowledge true, accurate and complete and I have not withheld, misrepresented, or falsely stated any information relevant to this approval form. I hereby give permission to the Funeral and Cemetery Services Board to verify any information provided and obtain any additional documentation or information needed to verify my qualifications or good moral character.

Signature

Date

Print Name

For Board Use Only:

CE Approval Date:

CE Approved Hours: