

North Carolina Board of Funeral Service
1033 Wade Ave., Suite 108, Raleigh, NC 27605
(919) 733-9380 Fax (919) 733-8271

APPLICATION FOR INSTRUCTOR APPROVAL

1. Full Name _____ Title: _____
2. Address _____
PO Box Street City Zip
3. Business Name: _____
4. Address: _____
PO Box Street City Zip
- Telephone number: _____ Fax number: _____
5. Has your professional/occupational license (whether insurance, funeral service, funeral director, embalmer or etc.) ever been suspended, revoked, or surrendered in North Carolina or elsewhere?
If yes attach a statement providing complete details.
6. Indicate type of continuing education course for which approval is sought:
_____ Preneed _____ Legislative Crematory _____
_____ Law & Rules _____ Grief/death/dying Other _____
- Do you have at least five years of experience in your field of expertise? _____ Attach a copy of credentials (complete summary) to this form.

Signature of Applicant

I certify that the information provided on this application and all attachments is true and correct to the best of my knowledge. I understand that any omission, inaccuracy or failure to make full disclosure constitutes grounds for denial of approval or for suspension/revocation of approval if granted.

_____ Date: _____
Signature