

Continuing Education Program Schedule Submission Form
NC Board of Funeral Service

FORM DUE THIRTY (30) DAYS PRIOR TO DATE OF PROGRAM OFFERING
LICENSEES MUST PRESENT POCKET CARDS FOR ADMISSION AND CE CREDIT

Provider: _____

Course Presenter (i.e. community college, local association, etc.) _____

Individual responsible for record keeping: _____

Phone number of record keeper: _____ Registration fee _____

Title of course(s): _____

Provide course number(s) if the course(s) have been previously approved _____

Beginning course date: _____ Course ending date: _____

*Beginning time: _____ Ending time: _____

Break/lunch/dinner times (if applicable): _____ Anticipated attendance: _____

Complete address of course presentation: _____

(not PO Box) _____

City State Zip

Instructor: _____ Telephone number: _____

[] This is a revision to a previously submitted course schedule. (Please attach a copy of the previous schedule submitted or furnish course number: _____, previous beginning date: _____, and location: _____.)

*If the course meets on two or more days, please provide the beginning and ending times for each day on the reverse of this form.

Authorized Signature _____ Date _____

ONLY ONE PROGRAM SCHEDULE PER FORM. MUST BE ACCOMPANIED BY (FORM BFS CE-5A)
PERSONS AUTHORIZED TO CERTIFY ATTENDANCE
(FORM MAY BE DUPLICATED WITHOUT MODIFICATION)

Persons Authorized to Certify Attendance

Name (Type or Print clearly)	Signature	Initials
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Name (Type or Print clearly)	Signature	Initials
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NOTE- In addition to those persons listed above, members of The North Carolina Board of Funeral Service, the Board's Executive Director or the Board's inspectors who may be present for CE courses are authorized to certify attendance.