

**REQUEST FOR APPROVAL OF ACCREDITATION FOR CONTINUING EDUCATION  
FOR THE  
ARKANSAS STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS**

101 East Capitol, Suite 113 – Little Rock, AR 72201, 501-682-0574, FAX 501-682-0575

**\$100.00 Application Fee**

Date \_\_\_\_\_ Approval Number \_\_\_\_\_

Hours Approved \_\_\_\_\_ E-mail \_\_\_\_\_

Requesting Individual or Organization \_\_\_\_\_

Coordinator: \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Name of Program \_\_\_\_\_

Clock Hours of Course Anticipated: \_\_\_\_\_

Instructor(s): \_\_\_\_\_ Title \_\_\_\_\_

Instructor's Credentials: \_\_\_\_\_

Description of Material to be Covered: (a program outline-including times for all portion of the program and any breaks MUST BE ATTACHED) \_\_\_\_\_

Date of Program \_\_\_\_\_ Location \_\_\_\_\_

How to Register: (Call) \_\_\_\_\_ at (     ) \_\_\_\_\_

Or (Write) \_\_\_\_\_

Cost Per Person \$ \_\_\_\_\_ Anticipated Licensees in Attendance \_\_\_\_\_

Person to Certify Attendance \_\_\_\_\_

If approval is granted, How do you feel attending will aid the licensee in serving the public? \_\_\_\_\_

Please attach any additional information that would be helpful to the Board in deciding approval (program brochures, other agencies approving the programs for continuing education credit). **WITHOUT ADEQUATE INFORMATION, THE BOARD CANNOT GRANT APPROVAL.** Additional information may also be included on the back of this application.