



CANNON BUILDING  
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STATE OF DELAWARE  
**BOARD OF FUNERAL SERVICES**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

## REQUEST FOR APPROVAL OF CONTINUING EDUCATION COURSE

### INSTRUCTIONS

#### When to Submit

Complete this form to request approval of an organized educational activity intended to fulfill the continuing education (CE) requirements for maintaining a Funeral Director license in Delaware. Either Delaware-licensed Funeral Directors or program providers may submit a request. Requests may be submitted either before or after the program. However, if the program is not approved, the applicant will be notified and no CE credit given.

***The Delaware Board of Funeral Services automatically approves any course/program previously approved by the Academy of Funeral Service Practitioners (AFSP) or any other state board that licenses funeral directors. If the Academy or another state board has approved this program/course, STOP. You do not need to submit this form.***

#### Documentation Required

- Complete and sign request form.
- If request is submitted by a course provider, enclose fee of \$40 by check or money order payable to "State of Delaware." If a Delaware-licensed Funeral Director submits the request, no fee is required.***
- Enclose *complete, detailed course outline* that includes the lesson plan and typical timetable of the course, including all scheduled breaks.
- Enclose resume or curriculum vitae for each instructor.

#### Responsibilities of Program Providers/Sponsors

When a student successfully completes a course, the program provider/sponsor must supply the student with a certificate of attendance. This certificate must show at least the information at right:

- Student name
- Sponsor's name
- Course title
- Date course completed
- Number of credit hours
- Instructor name(s)

**The program/course provider must distribute certificates of attendance *only* upon completion of the program.**

#### Responsibilities of Funeral Director Licensees

Licensees must maintain all original certificates of attendance for CE programs for the entire licensure period, including all CE programs for any period from which credits are carried over. In the event of a random audit, licensees will be required to submit original certificates of attendance to the Board office.

**For full details on continuing education requirements, see Section 9.0 of the Board's [Rules and Regulations](#).**

### REQUESTER COMPLETES THIS SECTION

1. Requester (check one):     Course Provider     Delaware-licensed Funeral Director

2. If you are a Delaware-licensed Funeral Director requesting approval of a course, enter:

Your Name \_\_\_\_\_ Delaware License #: K1 - \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**REQUESTER COMPLETES THIS SECTION (continued)**

3. Course Provider Name: \_\_\_\_\_
4. Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_
5. Provider Address: \_\_\_\_\_  
Street City State Zip Code
6. Email Address: \_\_\_\_\_ Website URL: \_\_\_\_\_
7. Course Title: \_\_\_\_\_

8. Check the eligible topic area below:

- Grief Counseling
- Professional conduct, business ethics or legal aspects relating to practice in the profession
- Business management concepts relating to delivery of goods and services
- Technical aspects of the profession
- Public relations
- After care counseling
- Other: \_\_\_\_\_

**Enclose a complete, detailed course outline that includes the lesson plan and typical timetable of the course, including all scheduled breaks.**

9. List all course instructors:

**Enclose a resume or curriculum vitae for each instructor.**

INSTRUCTOR NAME	TITLE

10. Date(s) of course: \_\_\_\_\_
11. Location of course: \_\_\_\_\_

12. **Credit Hours Requested:** \_\_\_\_\_

Each contact hour (at least 50 minutes) is equivalent to 1.0 CE credit hour. One college credit hour is equivalent to 5.0 CE credit hours.
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**Submit this application and all supporting documentation to the Delaware Board of Funeral Services at the address above. If you have questions, email: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)**

**BOARD OFFICE COMPLETES THIS SECTION**

Board Member Review By: \_\_\_\_\_ Date: \_\_\_\_\_

- Approved: \_\_\_\_\_ CE Hours     Tabled - List reason(s) below.     Denied – List reason(s) below.

The above request was denied or tabled for the following reason(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ADMIN TASKS	DATE	INITIALS
Notice to Requester		
Update CE Approval List		
Submit Web Change Request		