



CANNON BUILDING
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STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF FUNERAL SERVICES

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

APPLICATION FOR APPROVAL OF CONTINUING EDUCATION PROGRAM

INSTRUCTIONS

When to Apply

Complete this application 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 an application. Applications 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 application.

Documentation Required

Submit the following documentation for each course:

- Completed, signed application form
- Complete, detailed course outline* that includes the lesson plan and typical timetable of the course, including all scheduled breaks
- 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 following:

- 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 within ten days of notification of the audit.

PROVIDER CONTACT INFORMATION – All applicants complete this section.

1. Provider Name: _____

2. Mailing Address _____

City: _____ State: _____ Zip: _____

3. Phone: _____ Email: _____

4. Official Representative Name _____ Title: _____

5. Phone: _____ E-Mail: _____

COURSE INFORMATION – All applicants complete this section.

6. Course Title: _____

7. 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: _____

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

8. List all course instructors:

INSTRUCTOR NAME	TITLE

Attach a resume or curriculum vitae for each instructor.

9. Date(s) of course: _____

10. Location of course: _____

11. **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.

FUNERAL DIRECTOR INFORMATION – Complete *only* if a Funeral Director Licensee is submitting this application.

12. Funeral Director Name: _____

13. Funeral Director Delaware License Number: K1 - _____

14. Funeral Director Phone: _____ Funeral Director Email: _____

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

DO NOT WRITE BELOW THIS LINE

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	ADMIN INITIALS
Notice to Applicant		
Update CE Approval List		
Submit Web Change Request		