TEXAS FUNERAL SERVICE COMMISSION
APPLICATION FOR CONTINUING EDUCATION APPROVAL

Program Provider: Email:	Phone: Fax:
Program Provider's Address:	City/State/Zip:
Program Title:	Number of CE Hours Requested: _____ 1 credit hour = 50 minutes (instructional hours excluding registration time, breaks & meals)
Program Date(s):	Program Location:
Program Description: (A program outline, including times for all portions of the program and any breaks must be attached)	
Method of Instruction: (check all that apply and include all materials) Self Study: ☐ audio ☐ audio/video ☐ exam ☐ book/printed material ☐ online (attach study materials, exams, answer key & procedures) Classroom: ☐ lecture ☐ panel discussion ☐ video/teleconference ☐ workshop (indicate # of hours for each section on outline)	Method of determining the number of continuing education hours requested: Document word count for self study:
Program Objectives:	
Program Instructor(s):	Faculty/Instructor(s) Company, City, State, Phone #:
Faculty/Instructor's Credentials: (brief summary and/or attach bio or vitae for each, include education & teaching qualifications)	
Describe method of attendance monitoring: *(Attach sample certificate of attendance and course evaluation)*	
This course is approved for C.E. credit by another licensing/professional organization? ☐ No ☐ Yes If yes, who? _____ Number of hours approved for _____ (attach documentation).	
Will this program be open to all licensees? ☐ Yes ☐ No Fee Amount Charged: $_____ To register contact: _____ at phone #: _____ or write: _____	
This form and all applicable fees must be filed with the Board not less than sixty (60) days prior to the date of the program. Any changes in a program require a new course application. Failure to do so shall be grounds for revocation of approval.	
I certify that I have read Texas Administrative Code 203.30 concerning continuing education and agree to comply with all Commission rules therein. I further certify that the information contained in this form including the attached documentation is complete and correct. Name of person completing the application: (Please Print) _____ Phone:_____ Fax: _____ Email_____ Signature:_____ Date:_____	

For TFSC Use Only

	Provider #: Course #:		Check List:		
	Date received:		Complete Application		Roster Received
	Additional items requested:		Instructor's Credentials/Vita		Fees Received:
	Approved for: hours in Category:		Agenda/Outline		$250 Provider
	Disapproved – Reason:		Sample Certificate		$50 per Course
			Measure Criteria		