The Commonwealth of Massachusetts
Division of Professional Licensure
1000 Washington Street Suite 710
Boston, MA 02118-6100
Board of Embalming & Funeral Directing
www.mass.gov/dpl/boards/em
617-727-1718

Continuing Education Program Application
(must be submitted 30 days in advance of program date)

Program Title:__________________________________________

Program Coordinator or Sponsor:__________________________

Applicant’s Name:_______________________________________

Applicant’s Address:_____________________________________

Applicant’s Telephone Number:_____________________________

Applicant’s email address:_________________________________

Date(s) and Location(s) of Program:________________________

Total Number of Hours Requesting:________________________

Please return this application with the following:

• Course materials or syllabus including a course description that clearly describes the content of the course and a summary outline of major topics with the number of classroom hours devoted to each major topic
• Instructor’s qualifications

Programs must be open to all members of the embalming and funeral directing profession. Please be sure you have enclosed all the required materials for review. Other materials may be requested if necessary to determine the appropriateness of the course. Incomplete paperwork will be returned to the applicant.

Approval letters are not sent, you will be contacted if your program is denied. Please check our website (above) to view the list of approved courses.

By my signature, I hereby state the above information is true to the best of my knowledge.

_________________________________________  ______________________
Signature of Applicant Date

Office Use Only
Date Reviewed:
☐ Approved
☐ Denied-Reason:
Reviewed By: