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CEMETERY & FUNERAL SERVICES
 Request for Accreditation
 of Continuing Education

Completion of this form is required to apply for accreditation of continuing education and must be submitted **at least 30 days** prior to program start date.

Organization: _____

Address: _____

CONTACT INFO

Program Registration Coordinator: (this information will be made public; primary contact for program details, availability, etc.)

Name: _____ **Title:** _____

Email: _____ **Phone:** _____

PROGRAM DETAILS

Date of Program: _____ **Location of Program:** _____

Name of Program: _____

Approval requested for continuing education credits for the following licence types: Funeral Director Embalmer

Number of continuing education hours requested: _____ (instructional hours excluding registration time, breaks & meals)

Program open to all licensees? Yes No

How to register for the program: (include phone, fax, or email, or a weblink for online registration, if available)

Program Description: (a program outline, objectives and agenda must be attached)

Program Instructor(s): (provide a brief summary or attach a bio for each instructor)

Attach additional information or supporting documents that would assist in determining accreditation status.

Submit the completed form and any supporting documents to: businesspractices@consumerprotectionbc.ca