



**ARKANSAS INSURANCE DEPARTMENT  
FUNERAL SERVICES DIVISION | EMBALMERS & FUNERAL DIRECTORS**

**REQUEST FOR APPROVAL OF ACCREDITATION  
FOR CONTINUING EDUCATION**

**\*\* \$100.00 APPLICATION FEE \*\***

**\*\* OFFICE USE ONLY \*\***

Date: \_\_\_\_\_ Approval Number: \_\_\_\_\_ Hour(s) Approved: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Requesting Individual or Organization: \_\_\_\_\_

Coordinator: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address / P.O. Box City State ZIP Code

Name of Program: \_\_\_\_\_

"Clock Hours" of Course (Anticipated): \_\_\_\_\_

Instructor: \_\_\_\_\_ Title: \_\_\_\_\_

Instructor's Credentials: \_\_\_\_\_

Description of Material to be Covered: (A program outline – including times for all portions of the program and any breaks MUST BE ATTACHED): \_\_\_\_\_

Date of Program: \_\_\_\_\_ Location: \_\_\_\_\_

Registration Options: ☐ Phone-In \_\_\_\_\_ ☐ Fax-In \_\_\_\_\_

☐ Write-In (Address) \_\_\_\_\_

Cost (Per Person): \$ \_\_\_\_\_ Licensees in Attendance (Anticipated): \_\_\_\_\_

Person to Certify Attendance: \_\_\_\_\_

If approval is granted, how do you feel attending this course/session will help the licensee to better serve the public? \_\_\_\_\_

Please attach any additional documentation/information that could be reviewed by the Board in its decision-making process as to the approval of the CE course/session (program brochures, websites, references from other agencies that have approved and utilized the programs for continuing education, etc.). Additional information may also be attached to this CE Application.

**WITHOUT ADEQUATE INFORMATION, THE BOARD CANNOT GRANT APPROVAL.**

Return Completed Form To:

Arkansas Department of Commerce  
**Arkansas Insurance Department | Funeral Services Division**  
1 Commerce Way, Suite 502 | Little Rock, AR 72202-2087  
Phone (501) 682-0574 | Fax (501) 682-0575  
E-Mail: [AID.EFD@arkansas.gov](mailto:AID.EFD@arkansas.gov)