Request for Course Accreditation not on current Approved List

(Must be submitted at least six weeks prior to course deadline)

BOARD OF ADMINISTRATION under the
Manitoba *Funeral Directors and Embalmers Act*

A. Applicant Information

Embalmer / Funeral Director:

_____ _____
Name Phone No.

_____ _____
Address e-mail address

_____
City, Province & Postal Code

B. Course Information

_____
Name of Course

_____ _____
Date Duration (No. of Hrs)

Instructor's Name:_____

Course Sponsor/Provider_____

Area of Study: (Mark one or more with an "X")

☐ Funeral Service Direction ☐ Law/Ethics ☐ Grief Counselling

☐ Workplace Environment/Safety ☐ Communications ☐ Building Relationships

☐ Religious Rites & Cultural Values ☐ Specialized Preparations

☐ Other (please explain relevancy to profession)

_____

_____

Signature of Applicant: Date:

C. Board Use ONLY:

Date Received:_____ Date Reviewed:_____

Decision by the Board: Approved ☐ Credit Hours ☐ Not Approved ☐

Reason not Approved: _____
Date of Reply:_____

Signature of Chair: Signature of Registrar:

_____ _____

Mail to Board: Chair, 254 Portage Avenue, Winnipeg, MB R3C 0B6
May 2008 (E&F#3)