

TEXAS FUNERAL SERVICE COMMISSION

PO BOX 12217
CAPITOL STATION
AUSTIN, TX 78711

Individual Continuing Education Approval Form

LICENSEE INFORMATION

Name	License Number
Mailing Address	City State Zip
Telephone Number	Fax Number

INSTRUCTOR

Title or Topic of Program and Brief Description of Program	
Date of Program	Number Education Clock Hours Offered
Location of Program (Address)	

PROGRAM ATTENDED

Name of Instructor			
Address		Title	
Telephone Number	City	State	Zip
Summary of Credentials			

Was this course approved for continuing education credit by another licensing organization?

Yes No Which organization? _____ If yes, please attach documents.

I certify that I attended and completed the above educational program on the date listed and have proof of attendance.

Signature _____ Date _____

Attach proof of attendance and a description of information and material covered (i.e. outlines, pamphlets, certificate of attendance form etc.) Additional information may be required by the commission. This form accompanied by a \$25.00 **non refundable fee** and all attachments must be received within at least 30 days of completion of the program.