

**The Nova Scotia Board of Registration of Embalmers and Funeral Directors**  
**168 Hobsons Lake Drive, Suite 301, Halifax, NS B3S 0G4**  
**Telephone: (902) 407-6001 www.nsbrefd.com**

**Continuing Education Credit Approval Application Form for Providers and Facilitators**

This is a request for continuing education credit approval application form for continuing education offerings to be approved for credit in the Province of Nova Scotia for licensed funeral directors and/or embalmers. This form must be completed in its entirety. If additional space is needed, please add separate pages. All credits must be pre-approved in Nova Scotia before credit will be issued to licenses. Each topic/course must have its own application form submitted, and confirmation of completion, if approved, must be provided to the licensee within 30 days of the program/course.

**Applicant/Provider Information**

Name: _____ _____	Company/organization: _____ _____
Telephone: _____	Email: _____
Complete Mailing address: _____	
Application Type: <input type="checkbox"/> Initial Application	<input type="checkbox"/> Second Request for Consideration
<input type="checkbox"/> Course update	
Number of Credits Requested: _____	
Credit type:	<input type="checkbox"/> Funeral Director <input type="checkbox"/> Embalmer
Course Delivery Method:	<input type="checkbox"/> In-person <input type="checkbox"/> Virtually <input type="checkbox"/> Other
<b>Program/Course Information</b>	
Program/Course Title: _____	
Program/Course dates (if applicable): _____	
Program/Course length: _____	
Program/Course location or platform: _____	
Program Description (detail below or attach program description to this application): _____	

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Program Objectives (detail below or attach program description to this application):

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**Instruction**

Facilitator(s)/Instructor(s): \_\_\_\_\_  
(Attach biography/resume with contact information)

Method of Instruction:  In-person lecture/presentation  Webinar  Correspondence Course  
 Online Course (self-paced)  Other (describe): \_\_\_\_\_

If self-paced, are quizzes or exams required?  Yes  No If yes, how many? \_\_\_\_\_

How will attendance be tracked: _____	Fee/charge: \$ _____ CDN
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Email contact information/link to register for this course if approved:

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Name and contact information of the individual who will issue communication, certificates, or confirmation of completion to the licensee: \_\_\_\_\_

By signing below, you confirm the information provided in this application is correct, and by submitting this application, you confirm that completion confirmation documentation/certificate will be provided to Nova Scotia licensees within 30 (thirty) days of the program/course date. Please attach all documentation for consideration of credits, and proof of approval by other provincial regulators, if approval has been granted.

**Signature of Applicant (Do not print):**

**Printed Name of Applicant:**

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**Date Signed:** \_\_\_\_\_