



Funeral Board of Manitoba

Continuing Education Accreditation Criteria Assessment Worksheet

Evaluation Date: _____

Evaluator Name: _____

I. Submission Details

Submitted by:	Date Submitted:
Proposed Provider:	
Approval Type: <input type="checkbox"/> Single Course <input type="checkbox"/> Seminar <input type="checkbox"/> Long-Term Approval	
Title of Course/Seminar:	
Instructor Name:	
Course/Seminar Date:	
Number of Credit Hours Requested:	

II. Evaluation

Main Topic(s)/Focus:							
Duration of Course: _____ days / _____ hours							
Type of Presentation (check all that apply):							
<input type="checkbox"/> Live Demonstration <input type="checkbox"/> Online Training/Self -Lead <input type="checkbox"/> Lecture/Presentation <input type="checkbox"/> Round-table/Seminar							
**Please circle the most appropriate value for the following items							
	Low	1	2	3	4	5	High
Relevance to the Profession:		1	2	3	4	5	
Level of Interaction with Material:		1	2	3	4	5	
Presenter/Instructor Experience in the Profession:		1	2	3	4	5	
Level of Detail:		1	2	3	4	5	
Level of New Knowledge Presented:		1	2	3	4	5	

III. Evaluation Recommendations

<input type="checkbox"/> Approved	Number of Credit Hours Granted:
<input type="checkbox"/> Denied (provide reason): _____ _____	
<input type="checkbox"/> Conditional Approval: (provide conditions recommended): _____ _____	

PLEASE SEE REVERSE FOR NOTES

