



Funeral Board of Manitoba

Continuing Education Accreditation Criteria Mastersheet

Date:

I. Course Information

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

II. Evaluation Result Values

	1	2	3	4	5
Relevance to the Profession:					
Level of Interaction with Material					
Presenter/Instructor Experience in the Profession:					
Level of Detail:					
Level of New Knowledge Presented:					
Number of Approvals					
Number of Denials					
Number of Conditional Approvals					
Suggested Number of Credit Hours					

III. FINAL DECISION

<input type="checkbox"/> Approved	Number of Credit Hours Granted:
<input type="checkbox"/> Denied	Reason:
Comments:	

PLEASE SEE REVERSE FOR NOTES

