



**REQUEST FOR APPROVAL OF CONTINUING EDUCATION**

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**REQUESTING ORGANIZATION:**

**Name:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**PROGRAM:**

**Title:** \_\_\_\_\_ **Number of CE Hrs. Requested:** \_\_\_\_\_

**Program Date (s):** \_\_\_\_\_ **Time (s):** \_\_\_\_\_

**Program Description** *(a program outline including instructional time/breaks and course objectives must be attached):*

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**PROGRAM FACILITATOR/PRIMARY INSTRUCTOR:** *(Attach bio/cv for each Instructor in program, bio/cv should also include the below information)*

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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**COURSE PARTICIPATES:** *(a copy of the signed course rosters and attendance record must be submitted to the South Carolina Coroners Association within 30 days of course completion).*

**Who is to certify attendance and issue certificates:** \_\_\_\_\_

**Will program be open to all interested persons:** \_\_\_\_\_, **If No, Why:** \_\_\_\_\_

**Has program been approved by any other agency:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

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*This form must be filed with the South Carolina Coroners Association Board of Directors not less than thirty (30) days prior to date of program. Without adequate information, the board cannot grant course approval. Attach any additional information that would be helpful to the Board in determining approval. Any change to program after approval is granted shall be approved by the Board of Directors. Failure to achieve approval shall be grounds for revocation of initial course approval.*

*I certify that the information contained in this form, including the attached documentation is complete and accurate to the best of my knowledge.*

**Course Coordinator:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Signature*

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**FOR BOARD USE ONLY:**

**APPROVED -- CE HRS APPROVED:** \_\_\_\_\_ **NOT APPROVED**

**Training Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_