



APPLICATION FOR CAREER REVIEW

As a member of the Academy, you are invited to submit a Career Review to be evaluated for credit toward professional certification.

Up to 54 Hours (5.4 CEUs) of the 180 needed, may be earned through the Career Review. Should you have in excess of 54 Hours awarded for Career Review, the Academy will carry forward activities that were completed in the two-year period prior to joining the Academy.

Instructions:

1. Detail your professional and educational activities **from the date of licensure, to the date you joined the Academy**. Activities after the date you joined the Academy should be reported separately using Online Activity Reporting.
2. Additional documentation is not required. For maximum credits, you **may** provide documentation or details that readily identify the scope of the activity. Please attach photocopies of documentation. Do not send originals, because they will not be returned to you.
3. Other reporting formats, i.e. videotapes, diskettes, CDs, etc. are NOT accepted. If you email, please send only the Career Review form -- Do NOT email documentation with the form.
4. If more space is needed to complete your responses, you may attach additional pages as necessary. Additional pages should have a header identifying the applicable section along with your name and Academy number. Print legibly if submitting from a printed version.
5. When completing the form, please remember to SAVE often. Be sure to SAVE the form once completed, and upload where indicated at www.apfsp.org/careerreview.



Name Academy ID Number

Address City State Zip Telephone Number

SECTION A: EDUCATION AND FUNERAL SERVICE BACKGROUND

Please list your funeral service related employment history:

Table with 4 columns: Date, Position, Funeral Home, City and State

Year Licensed as Funeral Director State(s) Total Years Licensed

Mortuary School Attended Year of Graduation Degree Awarded

Table with 4 columns: Name of College or Institution, City and State, Year of Graduation, Degree Awarded

SECTION B: SELF-IMPROVEMENT SINCE LICENSURE

Please list funeral service related college courses completed that did not result in the award of a degree. (This includes courses related to death and dying, counseling, psychology, the sciences, or business.)

Table with 4 columns: Name of Course, Provider, Date Attended (MM/YY), No. of Contact Hrs

Please list funeral service seminars completed that were **at least three (3) hours** in duration.

Name of Course	Provider	Date Attended (MM/YY)	No. of Contact Hrs
Total Hours			

Please list funeral service seminars completed that were **less than three (3) hours** in duration.

Name of Course	Provider	Date Attended (MM/YY)	No. of Contact Hrs
Total Hours			

Does your state board require CEUs? Yes No

How many CEUs per year are required for re-licensure? _____

How many state conventions have you attended? _____

How many national conventions have you attended? _____

SECTION C: IMPROVEMENT OF OTHERS

Please list scholarly articles or other publications published. *(Please submit a copy of each article or publication so that the maximum amount of credit can be awarded.)*

Name of Article/Subject	Name of Magazine/Journal	Date Published (MM/YY)	No. of Words

Name of Publication	Name of Publisher	Date Published (MM/YY)	No. of Pages

Please list classes or programs you have taught or presented to funeral service students. *(This section is for higher education instruction.)*

Name of School	Name of Program/Course	Date Presented (MM/YY – MM/YY)	Presentation Time	Preparation Time

Please list programs you have presented to other funeral directors. *(This section is for short, single-themed programs and in-service training.)*

Name of Event	Name of Program/Course	Date Presented (MM/YY)	Presentation Time	Preparation Time

SECTION D: PROFESSIONAL ACTIVITIES

Please list the national funeral service organizations you belong to. *(NFDA, NFD&MA, ICFA, CANA, JFDA, etc.)*

Organization	Dates (YY - YY)	Total Number of Years

Please list the state funeral service organizations you belong to.

Organization	Dates (YY - YY)	Total Number of Years

Please list the district or local funeral service organizations you belong to.

Organization	Dates (YY - YY)	Total Number of Years

What offices have you held with funeral service organizations? (Starting with your first elected position, please list offices chronologically by year.)

Organization	Office Held	Dates (MM/YY – MM/YY)	Total Number of Years

What committee appointments have you served with funeral service organizations?

Organization	Committee	Member? X	Chair? X	Dates (MM/YY – MM/YY)	Total Number of Years

Please list any appointments to a State Board of Funeral Service.

State Board	Address	Member? X	Chair? X	Dates (MM/YY – MM/YY)	Total Number of Years

Please list any interns you have trained.

Name of Intern	Year

SECTION E: CONTRIBUTIONS TO COMMUNITY

Please list programs you have presented on funeral service to civic groups, church groups, students, etc.

Organization/Group	Name of Program	Date Presented (MM/YY)	Presentation Time	Preparation Time

Please list all civic, fraternal, church groups, or community-related groups that you have served.

Organization	Role (such as Officer, Committee Member, Appointee, Chair)	No. of Mtgs/Yr.	Dates (MM/YY – MM/YY)	Total Number of Years

FOR ACADEMY USE ONLY

	Category A	Category B	Category D	Career Review	Carry Over
History					A
Within 2 Years of Membership					B
Total					D