CORONERS' EDUCATION BOARD
PROPOSAL FOR COURSE APPROVAL

NAME OF COURSE_____

HOURS_____ **COST**_____

LOCATION (address)_____

_____

DATE(S) OF COURSE_____

PRESENTER_____

ADDRESS_____

CONTACT PERSON TO ENROLL IN COURSE_____

TELEPHONE NO OF CONTACT PERSON_____

NOTE: **If there are several different courses being offered, please identify each by title and indicate the time allotted for each session. An agenda that meets these guidelines should also be submitted and attached for review.**

SUBMITTED BY:_____

TELEPHONE NO_____ **DATE**_____

Please submit completed form to: **Christine Hake**
Administrative Officer
Office of Attorney General
1600 Strawberry Square
Harrisburg, PA 17120
(717) 783-6333 FAX (717) 705-7246

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CORONERS' EDUCATION BOARD USE ONLY

DATE APPROVED_____**DATE DISAPPROVED**_____**HOURS**____