

# Model Application

## For Funeral Service

Presented By:



Model Application 2016



## THE CONFERENCE MODEL APPLICATION

### ***INTRODUCTION***

The International Conference of Funeral Service Examining Boards is pleased to introduce The Conference Model Application.

Recognizing the variety of requirements among members, the goal of the committee was to collect research and compile a universal document to be used in licensing individuals. The primary purpose of The Model Application is providing a resource for the funeral service regulatory community in requesting/requiring the disclosure of pertinent information on the application of a potential licensee. Much like *The Conference Model Practice Act*, *The Model Application* will promote standardization of terminology and requirements which will better facilitate public understanding of the profession. Regulatory officials can review subsections which are applicable to their existing laws and rules, with the availability of unrequired information for review and consideration in the future. Additionally, The Model Application will increase licensure portability through uniformity and consistency.

The Model Application Committee was appointed by the Board of Directors in August 2015, comprised of representatives from five of The Conference's member jurisdictions. The committee held multiple meetings via conference call over the course of several months; the final product includes the composition of these meetings as well as research by individual committee members in the interim. A final draft of The Conference Model Application was approved by the Committee on January 19, 2016, by the Board of Directors on January 22, 2016, and adopted by the delegate assembly at the 112<sup>th</sup> Annual Meeting on February 24, 2016 .

The Conference Model Application includes sections on candidate identification, education, examination(s), internship, work history, prior licensing, discipline/criminal history, substance abuse/mental health, background check and attestation. If your jurisdiction is considering amending your application form, please refer to this model for suggested questions, information, requirements and language.



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### General Instructions and Important Notice:

Completion of this application form is necessary for consideration for licensure as a \_\_\_\_\_ in (insert state/province), according to (insert applicable Laws). Failure to disclose all requested information may result in this form not being processed and may subsequently result in denial of this application. **All candidates for initial licensure, renewal, and/or examination have a continuing obligation to update and supplement the information and responses on this application if they change.** Failure to supplement the information and responses provided on this application may result in denial or other appropriate action. All information provided must be accurate. Please note that the information provided on this application is subject to the public information laws of this jurisdiction.

### Carefully follow the directions on this application form. In addition, note the following:

1. Type or print legibly with black or blue ink only.
2. The licensure and application fees are NOT refundable.
3. Disclosure of your U.S. social security number, if you have one, is mandatory. The disclosure is mandated by \_\_\_\_\_ (insert federal and state statutory provision). The social security number will be provided to the Department of \_\_\_\_\_ (i.e. Public Aid) to assist in the identification of persons who are delinquent in complying with a child support order, spousal support/alimony order or in the repayment of educational loans.
4. If the name shown on your supporting documents is different from that shown on your application, you must submit proof of legal name change – a certified copy of your marriage license, divorce decree, affidavit or court order.

### Supporting Documentation and Fees:

If you are applying for licensure as a \_\_\_\_\_, submit the following documents and fees:

#### **INSERT LIST OF DOCUMENTS AND FEES HERE – FOR EXAMPLE:**

- **Applicable Fee**
- **Official Transcript submitted directly from mortuary science program**
- **Verification of Licensure (from all jurisdictions previously licensed in)**
- **Certification of Supervision/Internship/Experience**
- **Certified copy of NBE scores sent directly from ICFSEB**
- **Criminal Background Check Application**

Your application is **NOT** considered complete until all supporting documents and fees have been received by the **(Insert Name of Licensing Authority here.)**



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## **PART I. APPLICANT IDENTIFYING INFORMATION**

First Name	Middle Name	Last Name	Suffix
Social Security Number		Date of Birth MM/DD/YY	Male <input type="checkbox"/> Female <input type="checkbox"/>
Public Address (If PO Box, Must provide street address as well)		City	State   Zip
Address of Record including postal code <i>(If different than above)</i>		City	State   Zip
Home Phone	Work Phone	Cell Phone	
Email			
Identify any maiden name, surname, or any other names or aliases you have been known by or used and identify the reason for your name change.			
<b>Are you a U.S. citizen?</b> Yes ___ No ___ <i>If you answered no to the above, please specify if you are: a qualified alien (as defined in 8 U.S.C.A. § 1641), a nonimmigrant under the Immigration and Nationality Act (8 U.S.C.A. § 1101 et seq), an alien who is paroled into the United States under 8 U.S.C.A. § 1182(d)(5) for less than one year, a foreign national not physically present in the United States. If other, please explain:</i> <hr/>			

## **PART II. EDUCATION** List the educational institutions attended that satisfy the educational requirement for licensure.

High School/GED institution attended	Graduation Date MM DD YY
Mortuary School Attended	Degree <i>(Official Transcript Required)</i>   Graduation Date MM DD YY

## **PART III. EXAMINATION INFORMATION**

Have you passed the National Board Exam (NBE) administered by The International Conference of Funeral Service Examining Boards (ICFSEB)? Yes ___ No ___ Month/Year passed: _____ <i>*You must have a certified copy of your NBE results sent to this licensing agency directly from ICFSEB.</i>
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**PART IV. INTERNSHIP HISTORY** You *must* include each jurisdiction and/or establishment where interned.

Please make a copy of this sheet and attach if necessary.

Jurisdiction Internship Served in:	Internship Registrant Number:	Internship Start Date:	Internship Completion Date:

Name of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Type of Internship: \_\_\_\_\_

Dates of Training: \_\_\_\_\_ Name of Approved Supervisor: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Type of Internship: \_\_\_\_\_

Dates of Training: \_\_\_\_\_ Name of Approved Supervisor: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Type of Internship: \_\_\_\_\_

Dates of Training: \_\_\_\_\_ Name of Approved Supervisor: \_\_\_\_\_

**PART V. WORK HISTORY** List all employment chronologically within the last five years to the present.

(May continue on next page). If you have never been employed, insert "N/A" for Not Applicable.

Name of Establishment: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Name of Licensed Manager \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

May we contact the Licensed Manager? Yes \_\_\_\_ No \_\_\_\_

Name of Establishment: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Name of Licensed Manager \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

May we contact the Licensed Manager? Yes \_\_\_\_ No \_\_\_\_



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### **PART V. WORK HISTORY CONTINUED**

Name of Establishment: _____ Job Title: _____ Address: _____ City: _____ State: _____ Zip: _____ Name of Licensed Manager _____ Dates of Employment: _____ May we contact the Licensed Manager? Yes ___ No ___
Name of Establishment: _____ Job Title: _____ Address: _____ City: _____ State: _____ Zip: _____ Name of Licensed Manager _____ Dates of Employment: _____ May we contact the Licensed Manager? Yes ___ No ___

**PART VI. PREVIOUSLY LICENSED IN OTHER JURISDICTIONS** If you have ever been licensed, certified or registered to practice in the profession for which you are now making application, or held any other professional license, certification or registration, complete the information requested below.

\*Under status: Please note if license is active, inactive, or lapsed. *(Failure to completely disclose above information, could result in automatic denial.)*

Jurisdiction(s):	Type of license:	License number:	Effective dates of licensure:	Status:



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### **PART VII. PAST DISCIPLINARY ACTION** *Please initial next to Yes or No for each.*

Have you ever had any license to practice embalming, funeral directing, direct disposing, or any other regulated profession, revoked, suspended, fined, placed on probation, reprimanded, or otherwise disciplined, by any regulatory authority in this state or any other state or jurisdiction? **YES** \_\_\_\_ **NO** \_\_\_\_

Do you have any actions pending? **YES** \_\_\_\_ **NO** \_\_\_\_

Have you ever voluntarily relinquished or surrendered a professional license while under investigation, or after initiation of a disciplinary proceeding against you or the license? **YES** \_\_\_\_ **NO** \_\_\_\_

Have you ever had any license/registration application to practice funeral services denied? **YES** \_\_\_\_ **NO** \_\_\_\_

*If you answered "yes" to any of the questions above, submit notices, orders, etc. from the appropriate regulatory board and include a written statement/explanation relating to any disciplinary action.*

### **PART VIII. CRIMINAL HISTORY** *Please initial next to Yes or No for each.*

Have you ever been convicted of a misdemeanor or a felony in this or any other state, local jurisdiction, or any other foreign country, or are criminal charges currently pending against you? **YES** \_\_\_\_ **NO** \_\_\_\_

*If yes, attach an explanation that includes the type of violation, the date, circumstances and location, and the complete penalty received. Also include copies of court documents, arrest records, verification of restitution received by the court, and verification of successful completion of probation. You must include all misdemeanor and felony convictions, regardless of the age of the conviction, including those which have been set aside and/or dismissed. (Traffic violations of \$500.00 or less need not be reported).*

### **PART IX. SUBSTANCE ABUSE/MENTAL HEALTH** *Please initial next to Yes or No for each.*

Do you currently have or have you been previously diagnosed with any condition or impairment (including but not limited to, substance abuse, alcohol abuse, or a mental, emotional or nervous disorder or condition) that in any way affects your ability to practice as a \_\_\_\_\_ in a competent, ethical, and professional manner?

**YES** \_\_\_\_ **NO** \_\_\_\_ *If yes to above question, please attach letter explaining.*

### **PART X. BACKGROUND CHECK**

I understand that I, as an applicant seeking a license from the (**name of licensing authority**) must consent to a background check. I further understand that a background check may result in the (**name of licensing authority**) obtaining information including but not limited to misdemeanor and felony arrests and convictions (may also include juvenile and expunged records), motor vehicle violations, state and federal tax liens, civil actions, child/spousal support, education loan repayment obligations, and previous and current licensure discipline. **Initial here:** \_\_\_\_\_



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## PART XI. CERTIFYING STATEMENT

I hereby certify under penalty of perjury that I have read this application in its entirety. The responses and attached materials I have provided are true and accurate to the best of my knowledge. I further certify that I am of good moral character and have reviewed and will at all times comply with all applicable state laws, rules and regulations governing the license I am seeking to obtain. I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of ***(name of licensing authority)***, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or continuance of the license for which I am applying. I understand that by signing this application, I am authorizing the release of information about me that may otherwise be protected or confidential.

Additionally, I understand and agree that any false information, misrepresentation, or omission of facts in this application and during the application process is cause for denial of this application.

\_\_\_\_\_  
Signature of Applicant (Do not print)

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

My commission expires: \_\_\_\_\_

Seal or stamp must be affixed.