

# Application for the State Board Examination

(Please Type or Print)  
Effective August 2020

I attest that I am the individual listed below and that I hereby apply for the State Board Examination, which will serve to determine my proficiency in Funeral Service as set forth by the state in which I am applying for licensure. I agree to abide by the rules and regulations governing the conduct of this exam, the certification procedures, and to accept the results as evidence of my knowledge of Funeral Service for the review of any state for the funeral service profession. I hereby authorize the release of my scores and certification of passage to the state in which I am applying. I hereby acknowledge I have read the SBE Candidate Handbook and watched the exam security video and agree to be bound by the terms and conditions. I understand that my name and address may be provided to the state.

The Conference Board of Directors reserves the right to require candidates found to have violated the policies and/or procedures regarding access to and administration of the exam program to seek and receive permission from the relevant state before further access to such exam program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Security #: \_\_\_\_\_

Name: \_\_\_\_\_

(NOTE: The name on your application must match the name on both forms of ID you bring to the exam site.)

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

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

Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

What State Board Exam are you applying for (list state)? \_\_\_\_\_

Have you previously taken the SBE? NO ( ) YES ( )

What section are you applying for? Arts Exam ( ) Sciences Exam ( )

Do you have a documented disability that requires an accommodation for you to take the SBE? NO ( ) YES ( )

If yes, please state the specific type of accommodation(s) you are requesting:

---

---

---

Please note: along with the exam application and payment, the completed Candidate Accommodations Request Form and Health Practitioner Statement must be received before requests can be reviewed ([theconferenceonline.org/ada](http://theconferenceonline.org/ada)).

## Registration Fee: \$285.00

Registration Fee: The appropriate fee, in the form of a money order or bank cashier's check, must accompany this signed application. Personal or business checks will be returned to sender and processing of the application will be delayed until proper payment method is received.

Amount of Fee Enclosed: \$ \_\_\_\_\_ ( ) Money Order ( ) Cashier's Check

(Credit card payments must be submitted via online application process)

