



LRR Exam Application

Effective August 2021

- I attest that I am the individual who has completed this application and attest to the accuracy of the information submitted. By submitting my exam application, I acknowledge, understand, and accept the terms associated with The Conference and access to the exam program.
- I hereby apply for access to the exam, which I understand will be used by the relevant state board of funeral service as a measure of my competence and as one criterion for licensure eligibility.
- I hereby acknowledge having read the Candidate Handbook for the exam policies and procedures and I agree to abide by the rules of The Conference and its exam program including all policies and procedures at the test center.
- I understand proper verification is required by The Conference before I am given access to the exam and I am familiar with those requirements from my review of the Candidate Handbook.
- I hereby authorize the release of my exam results to the licensing authority.
- I understand that exam content cannot be discussed or shared with anyone, in any format (written, verbal, electronic, which includes social media, etc.), in whole or in part. This prohibition of access to and disclosure of exam content includes before, during, and after the exam. Violation of the exam security policies will likely result in an invalidation of my results and may limit my access to future exams, relevant boards may be notified, my professional license can be sanctioned or revoked, and The Conference may pursue any other remedy determined necessary to protect the integrity of the exam and the licensure process.

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: _____

Have you previously taken the Laws Exam? NO () YES ()

Do you have a documented disability that requires accommodation(s)? 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).

State Laws Exam you are applying for:

(Disclaimer: Prices may vary depending on state)

- | | | | |
|---------------------|--------------------|--------------------------|-------------------------|
| Arkansas \$100 () | Missouri \$140 () | South Carolina \$140 () | Virginia \$170 () |
| Delaware \$140 () | Nevada \$140 () | Tennessee \$155 () | Washington \$140 () |
| Louisiana \$140 () | Ohio \$140 () | Vermont \$140 () | West Virginia \$140 () |
| Maine \$140 () | | | |

Registration Fee: A money order or 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. Credit card payments must be submitted through the online process.