



Exam Application

Effective January 2023

- 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 National Board Exam (NBE), 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 NBE 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 indicated and, if applicable, the American Board of Funeral Service Education (ABFSE) for use as a statistical evaluation tool for the accredited mortuary science programs.
- 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 Number _____ Email _____

Name _____

Please verify your SSN is correct and that your first and last names match exactly what is on your forms of identification.

Address _____

City _____ State _____ Zip _____

Phone _____

College of Mortuary Science Graduated From _____ Graduation Year _____
(If applicable)

For which section(s) of the exam are you applying? Arts - \$285 Sciences - \$285 Both Sections - \$570

Have you previously taken the this exam? Yes No

State to send Official Results _____

Optional additional state(s) for \$25 each _____

Do you have a documented disability that requires accommodation(s) to take the exam? Yes No

If yes, the completed [Candidate Accommodations Request Form](#) and [Health Practitioner Statement](#) must be received before requests can be reviewed. More information here: <https://theconferenceonline.org/ada>. In the below space, please state the specific type accommodation(s) you are requesting.

Payment: A money order or bank cashier's check, must accompany this application. Personal or business checks will be returned with the application to the sender. Credit card payments must be submitted through the online process.