



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
APPLICATION FOR EMBALMER'S LICENSE

STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS
 3605 MISSOURI BOULEVARD
 P.O. BOX 423
 JEFFERSON CITY, MO 65102-0423
 TELEPHONE (573) 751-0813
 TTY (800) 735-2966

<p>I HEREBY MAKE APPLICATION TO THE STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS, OF THE STATE OF MISSOURI, FOR REGISTRATION UNDER THE LAWS OF THE STATE OF MISSOURI, AS AN "EMBALMER", AND SUBMIT THE FOLLOWING STATEMENTS:</p>	FOR OFFICIAL USE ONLY	
	LICENSE NUMBER	DATE LICENSED
	FEE RECEIVED	DATE DEPOSITED
CHECK NO	INITIALS	

INSTRUCTIONS TO APPLICANT

<p>Applicant must complete all applicable sections below. The proper fee, as set by the Board, shall accompany each application. Check, money order, or bank draft shall be made payable to the Missouri State Board of Embalmers and Funeral Directors. An applicant shall be exempt from the requirement of successful completion of the Missouri Law section if the applicant has successfully completed the Missouri Law section for another license within twelve (12) months of the date that the board receives the new application.</p> <p>Please check the box indicating the type of licensure for which you are applying:</p> <p><input type="checkbox"/> Embalmer Apprentice Fee:\$213.00 (\$200 Application Fee, \$13.00 Highway Patrol Background Check Fee)</p> <p><input type="checkbox"/> Embalmer Reciprocity Fee: \$313.00 (\$300 Application Fee, \$13.00 Highway Patrol Background Check Fee)</p>	PHOTO
---	-------

GENERAL INFORMATION - ALL APPLICANTS MUST COMPLETE THIS SECTION

NAME (PRINT FULL NAME, INCLUDING MIDDLE NAME)				
PREVIOUS NAMES (IF ANY)			SOCIAL SECURITY NUMBER (REQUIRED)	
PRESENT ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER ()
DATE OF BIRTH			COUNTY/STATE OF RESIDENCE	

EDUCATION - PLEASE SUBMIT AN OFFICIAL TRANSCRIPT FROM YOUR ACCREDITED MORTUARY SCIENCE COLLEGE, MUST BE MAILED DIRECTLY TO THE BOARD OFFICE FROM THE COLLEGE(S).

HIGH SCHOOL NAME	LOCATION (CITY AND STATE)	GRADUATION DATE
COLLEGE(S) NAME		
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
DEGREE/CERTIFICATION EARNED		GRADUATION/CERTIFICATION DATE

If you have a disability and require accommodations addressed by the American Disabilities Act, please notify this office a the time of application to ensure that reasonable accommodations are made for your needs. Notification must be made in writing and mailed to the Missouri State Board of Embalmers and Funeral Directors, P.O. Box 423, Jefferson City, Missouri 65102. Notification of special needs must be received at least thirty (30) days in advance of any scheduled examination date. The text telephone number for the hearing impaired is (800) 735-2966.

	YES NO
I have taken the national board examination of the International Conference of Funeral Service Examining Boards and have requested that my examination scores be forwarded to the State Board.	<input type="checkbox"/> <input type="checkbox"/>
The Board must receive the certified score(s) from the Conference before your application is considered complete.	

IMPORTANT: EXPLANATIONS REQUIRED IN RESPONSE TO THE FOLLOWING QUESTIONS MUST BE ON A SEPARATE SHEET AND SIGNED BY YOU BEFORE A NOTARY PUBLIC AND NOTARIZED.

		YES	NO
1. Have you ever applied for licensure as an embalmer in any other state or territory? (If NO please skip down to the 5th question, Have you ever been finally adjudicated...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes ▶	WHERE?	WHEN?	
If yes, were you ever licensed by that state or territory? If no, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How was your license obtained?			
<input type="checkbox"/> Examination <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Reciprocity <input type="checkbox"/> Other (specify): _____			
3. Is your license in that state or territory current? (i.e., not lapsed or inactive) If no, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has your license ever been disciplined by that state or territory? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state or of the United States whether or not sentence was imposed (includes suspended imposition of sentence (SIS)). If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been arrested, charged with or found guilty, or entered a plea of guilty or nolo contendere of a violation of any federal, state or municipal, drug or alcohol laws or rules whether or not sentence was imposed (includes suspended imposition of sentence (SIS)). If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been addicted to or used in excess, alcohol or any prescription drugs or illegal chemical substances? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever been arrested, charged with, found guilty, or entered a plea of guilty or nolo contendere by a court (including a municipal court), pled guilty or nolo contendere to any traffic offense resulting from or related to the use of drugs or alcohol, whether sentence was imposed, including a suspended imposition of sentence (SIS)? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RECIPROCITY APPLICANTS - CHECK APPROPRIATE BOX

I hold a valid, unrevoked and unexpired license as an embalmer in the state of _____.
The state in which I hold a license as an embalmer has requirements for licensure substantially similar to those existing in Missouri. I will initiate a letter to be transmitted directly from the examining board of the state or territory in which I hold licensure as an embalmer. The letter shall include (1) a certified statement showing the grade rating upon which my license was granted, (2) whether or not my license is in good standing with that board, (3) whether or not my license in that state has been suspended, revoked or otherwise disciplined, and (4) whether or not there are complaints pending against me.

I hold a valid, unrevoked and unexpired license as an embalmer in the state of _____.
The state in which I hold a license as an embalmer has requirements for licensure less than Missouri's requirements for licensure. I have had five consecutive years of active experience as an embalmer in the state in which I am licensed. I will initiate a letter to be transmitted directly from the examining board of the state or territory in which I hold licensure as an embalmer. The letter shall include (1) a certified statement showing the grade rating upon which my license was granted, (2) whether or not my license is in good standing with that board, (3) whether or not my license in that state has been suspended, revoked or otherwise disciplined, and (4) whether or not there are any complaints pending against me.

Please contact all states you are currently or previously been licensed in for a verification of licensure to be sent to the board office.

NAME OF FUNERAL ESTABLISHMENT YOU WILL BE EMPLOYED AT IN THE STATE OF MISSOURI (IF KNOWN)		MO. FUNERAL ESTABLISHMENT LICENSE NO.	
FUNERAL ESTABLISHMENT ADDRESS (IF KNOWN)	CITY	STATE	ZIP CODE

Section 333.071 RSMo indicate the business or profession of an individual licensed to practice embalming or funeral directing shall be conducted and engaged in a funeral establishment

USE THE ENCLOSED CERTIFICATE OF STATE ENDORSEMENT TO SEND DIRECTLY TO THE STATE BOARD GRANTING ORIGINAL LICENSURE; WHEN FILLED OUT AND SIGNED, THIS CERTIFICATE MUST BE TRANSMITTED DIRECTLY TO THE EXECUTIVE DIRECTOR OF THE MISSOURI STATE BOARD.

APPLICANTS WHO ARE NOT RESIDENTS OF MISSOURI MUST COMPLETE THIS SECTION

This section has been removed and is no longer a requirement for licensure.

AFFIDAVIT OF APPRENTICESHIP

EMBALMER APPRENTICE APPLICANTS MUST HAVE THIS SECTION COMPLETED BY THE FUNERAL DIRECTOR IN CHARGE OF EACH ESTABLISHMENT WHERE THE APPRENTICE WILL BE SERVING (IF YOU WILL BE SERVING AT MORE THAN ONE (1) ESTABLISHMENT PLEASE INCLUDE THE OTHER ESTABLISHMENTS ON A SEPARATE SHEET OF PAPER WITH THEIR ESTABLISHMENT NAME(S), FUNERAL DIRECTOR IN CHARGE (FDIC(S)), LICENSE NUMBER(S), ADDRESS (STREET, CITY, STATE, ZIP CODE) AND TELEPHONE NUMBER).

FUNERAL ESTABLISHMENT NAME	FUNERAL ESTABLISHMENT LICENSE NO.
ADDRESS (STREET, CITY, STATE, ZIP CODE)	TELEPHONE NUMBER ()

The apprentice embalmer will be serving his/her apprenticeship under the following Missouri licensed embalmer(s). Please print. (IF THE APPRENTICE WILL BE SERVING UNDER MORE THAN FOUR (4) EMBALMERS PLEASE INCLUDE THEM ON A SEPARATE SHEET OF PAPER WITH THEIR NAME AND LICENSE NUMBER(S))

EMBALMER NAME	MO. EMB. LIC. NO.	EMBALMER NAME	MO. EMB. LIC. NO.
EMBALMER NAME	MO. EMB. LIC. NO.	EMBALMER NAME	MO. EMB. LIC. NO.

I hereby state the above named individual will be an apprentice of stated funeral establishment. I further state that the named apprentice will devote at least thirty (30) hours per week to his/her duties as an apprentice embalmer and that I am the funeral director in charge of said funeral establishment and I am familiar with the Missouri requirements governing apprentice embalmers and I agree to comply with the same.

MUST BE SIGNED IN THE PRESENCE OF NOTARY	SIGNATURE OF FUNERAL DIRECTOR IN CHARGE OF FUNERAL ESTABLISHMENT ▶	DATE
	PRINT NAME	

STATE OF	COUNTY (OR CITY OF ST. LOUIS)	NOTARY PUBLIC EMBOSSED SEAL OR BLACK INK RUBBER STAMP
SUBSCRIBED AND SWORN BEFORE ME, THIS DATE		
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

APPRENTICE APPLICANTS: If for any reason you change employment, an updated application must be completed and signed prior to serving as an apprentice embalmer at any funeral establishment other than the establishment(s) identified in this application. Please remember your apprenticeship must be 12 consecutive months.

PLEASE CONTACT THE BOARD OFFICE FOR APPROPRIATE FORMS

AFFIDAVIT OF APPLICATION - ALL APPLICANTS MUST COMPLETE THIS SECTION

I, the above named applicant, being first duly sworn upon my oath, state as follows:

That I have personally completed the foregoing application truthfully and completely, without omission;
 That all the information and answers contained in the foregoing application and any attachments thereto are true and correct to my best knowledge and belief;
 That I have personally reviewed the information contained herein and hereby submit this application for consideration to the State Board of Embalmers and Funeral Directors for licensure as an Embalmer pursuant to the laws and regulations of the State of Missouri and the State Board of Embalmers and Funeral Directors and;
 That I made this affidavit knowingly, and understand that any false statements or material omission herein subjects me to criminal penalties for making a false affidavit under Section 575.050, RSMo (as amended).

MUST BE SIGNED IN THE PRESENCE OF NOTARY	SIGNATURE OF APPLICANT ▶	DATE
	PRINT NAME	
STATE OF	COUNTY (OR CITY OF ST. LOUIS)	NOTARY PUBLIC EMBOSSED SEAL OR BLACK INK RUBBER STAMP
SUBSCRIBED AND SWORN BEFORE ME, THIS DATE		
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

Pursuant to Section 324.010 RSMo:

CHECK THIS BOX ONLY IF IN ALL OF THE LAST THREE (3) YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.

False statements are subject to criminal penalties and/or license discipline.

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200

Social Security Number Disclosure Notice

You must provide your social security number pursuant to state and federal law.

If you fail or refuse to provide your social security number, we will consider your initial application incomplete and return it to you. Continued failure or refusal to provide your social security number is grounds for denial of your application.

Pursuant to state and federal laws, licensing authorities must assemble your social security number with other relevant information (name, address, etc.) and transmit the data to the Division of Child Support Enforcement of the Department of Social Services to be used in a database for the following purposes:

- (1) locating individuals who are under an obligation to pay child support or provide child custody or visitation rights, against whom such an obligation is sought or to whom such an obligation is owed;
- (2) identifying whether an individual who owes overdue child support or who has failed to comply with a subpoena relating to paternity or child support proceedings holds or has applied for a professional or occupational license (under certain circumstances, a person who owes overdue support or fails to comply with a subpoena relating to the above-stated proceedings may be subject to an order of a court, after notice and opportunity or hearing in that court, suspending, withholding or restricting the person's license).

In addition to these uses, the licensing authorities will continue their practice of using social security numbers for the following purposes:

- (1) for internal identification purposes (e.g., some licensing authorities use your social security number as your license number);
- (2) to conduct criminal record checks (discovery of relevant criminal history may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (3) to verify information provided by you in your application (discovery of false information in your application may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (4) to verify licensure with another state's licensing authority for reciprocity licensure;
- (5) for identification purposes in national disciplinary databases (the discovery of a disciplined license against you in another state may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (6) for test identification purposes.

Effective July 1, 2003, all persons and business entities renewing a license with the Division of Professional Registration are required to have paid all state income taxes, and also are required to have filed all necessary state income tax returns for the preceding three years. If you have failed to pay your taxes or have failed to file your tax returns your license will be subject to immediate suspension within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file. The requirement is found in Section 324.010, RSMo 2000, as amended.