



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
APPLICATION FOR EMBALMER PRACTICUM
STUDENT REGISTRATION

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

REGISTRATION NUMBER

INSTRUCTIONS Please complete the information below. The mortuary school must complete Section III. Return the completed notarized form, along with \$38.00 (\$25.00 Practicum Registration Fee and \$13.00 Highway Patrol Background Check Fee) to the address given above. 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 Practicum Student", and submit the following statements:	FOR OFFICIAL USE ONLY	
	FEE RECEIVED	DATE DEPOSITED
	CHECK NO.	INITIALS

APPLICANT INFORMATION		
NAME (FIRST, MIDDLE, LAST) PLEASE PRINT	TELEPHONE NUMBER	
PREVIOUS NAME(S) IF ANY	SOCIAL SECURITY NUMBER (REQUIRED)	
DATE OF BIRTH	PLACE OF BIRTH (CITY, STATE)	
PRESENT ADDRESS (STREET, CITY, STATE, ZIP CODE, COUNTY)		
MORTUARY SCHOOL NAME	ANTICIPATED GRADUATION DATE	
MORTUARY SCHOOL ADDRESS		
HIGH SCHOOL NAME	LOCATION (CITY AND STATE)	GRADUATION DATE

SECTION II - PRACTICUM LOCATION/FDIC AFFIDAVIT	
NAME OF FUNERAL ESTABLISHMENT FOR PRACTICUM	MO. LICENSE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE)	
EMBALMER PRACTICUM INSTRUCTOR	MO. LICENSE NUMBER
FUNERAL DIRECTOR IN CHARGE	MO. LICENSE NUMBER

I hereby state that the above named individual will be a student of stated funeral establishment. I am the funeral director in charge (FDIC) of said funeral establishment and I am familiar with the Missouri requirements governing apprentice embalmers and I agree to comply with same.

MUST BE SIGNED IN THE PRESENCE OF NOTARY	SIGNATURE OF FUNERAL DIRECTOR IN CHARGE	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)		

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 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"/>
2. 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"/>
3. 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"/>
4. 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 or not sentence was imposed including a suspended imposition of sentence (SIS)? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION III - MORTUARY SCHOOL INFORMATION (MUST BE COMPLETED BY MORTUARY SCHOOL)

SCHOOL SEAL	I hereby certify that the student named above is enrolled as a student in the mortuary school listed on the application and will be serving his/her practicum in a Missouri licensed funeral establishment during the period listed below.		
	DATES OF PRACTICUM	FROM	TO
	SIGNATURE OF DIRECTOR, MORTUARY SCIENCE DEPT.		DATE
	PRINT NAME		

SECTION IV - AFFIDAVIT OF APPLICANT

AFFIX PHOTO HERE (REQUIRED)	<p>I, the above named student, being first duly sworn upon my oath, state as follows:</p> <p style="padding-left: 40px;">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; and That I realize that I made this affidavit knowingly, and that any false statement or material omission herein subjects me to criminal penalties for making a false affidavit under Section 575.050, RSMo 1978.</p>
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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 or e-mail income@dor.mo.gov.

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)		

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.