

# STATE OF MAINE

## BOARD OF FUNERAL SERVICE

### APPLICATION FOR LICENSURE/REGISTRATION



Department of Professional and Financial Regulation

Office of Licensing and Registration

35 State House Station

Augusta, ME 04333-0035

Office Telephone: (207) 624-8623  
HEARING IMPAIRED (207) 624-8563

Office located at: 122 Northern Avenue, Gardiner, Maine

## Application Guide for Licensure

***Please read all the information carefully. If you have any questions, you can contact the Board of Funeral Service office at (207) 624-8623.***

### **Furnished to Applicant:**

- Application Guide for Licensure
- Application for Licensure
- Supervisor Approval Form (Attachment A)
- Verification of Licensure (Attachment B)
- Accommodation Request Form
- Criminal Records Check Memo
- Criminal Records Check Form
- Authorization of Credit Card Payment Form

### **ELIGIBILITY FOR LICENSURE:**

<b>All applicants applying for an <u>Attendant's Registration</u> must submit the following:</b>
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- Completed and signed application for licensure;
- Completed Supervisor Approval Form (Attachment A);
- Payment of an \$80.00 registration fee. Make your check payable to the Maine State Treasurer; and
- Completed Criminal Records Check form and payment of a separate \$8.00 fee. Make your check payable to the Maine State Treasurer.

A funeral attendant means any person who is employed part or full-time in the practice of funeral service and is engaged in transporting human remains and who may assist a licensed practitioner in other funeral activities. All funeral attendants shall work under the direct and personal supervision and legal responsibility of a licensed practitioner who is actively connected with a funeral establishment. When a funeral attendant leaves the employ of a practitioner, it shall be the duty of said practitioner to notify the board of termination of employment.

**All applicants applying for licensure as a Practitioner Trainee must submit the following:**

- Completed and signed application for licensure;
- Copy of Birth Certificate;
- Proof of completion of high school diploma or its equivalent;
- Completed Supervisor Approval Form (Attachment A);
- Payment of the \$20.00 license fee. Make your check payable to the Maine State Treasurer; and
- Completed Criminal Records Check Form and payment of a separate \$8.00 fee. Make your check payable to the Maine State Treasurer.

A practitioner trainee means a person who is engaged in preparing to become licensed for the practice of funeral service under the personal supervision and instruction of a person duly licensed for the practice of funeral service, and who is duly registered as such and approved by the board.

Upon submission of the above requirements, your application will be presented for Board review. Upon approval, you will be contacted in writing by the office giving you procedures for setting up an interview with a Board Member. Upon notification of acceptance, your Practitioner Trainee License will be issued and you will be sent the A, B, C cases and entered into the Apprenticeship Council to perform your 2000 hours of work. You will be contacted by the Apprenticeship Council as to the procedures for doing your training.

**All applicants applying for licensure as a Practitioner must submit the following:**

- Completed and signed application for licensure;
- Copy of birth certificate (if not submitted previously);
- Proof of completion of high school diploma or its equivalent (if not submitted previously);
- Transcript(s) documenting completion of one (1) year of mortuary school and one (1) year of college or two (2) years of mortuary school;
- Completed A, B, C cases;
- Written proof of successful completion of the apprenticeship program;
- Written proof of successful completion of the National Conference Examination;
- Payment of the \$100.00 license fee and \$75.00 examination fee. Make your check payable to the Maine State Treasurer; and

- Completed Criminal Records Check Form and payment of a separate \$8.00 fee. Make your check payable to the Maine State Treasurer.

A Funeral practitioner shall mean any licensed person engaged or holding themselves out as engaged in embalming and/or funeral directing, whether on their own behalf or in the employ of another, and shall include any person who shall use, in connection with their name, the words “embalmer,” “funeral director,” “mortician,” or “undertaker” or any other words or title implying they are designating themselves to be an embalmer and/or funeral director.

Upon submission of the above requirements, your application will be presented for Board review. Upon review of your application, you will be notified by mail as to the status. If approved for examination, you will be notified of the procedure for taking your Practical and State Law examinations. Upon successful completion of both examinations, you will be granted licensure as a Practitioner of Funeral Service.

**All applicants applying for licensure by Reciprocity must submit the following:**

- Completed and signed application for licensure;
- Copy of birth certificate;
- Proof of completion of high school or its equivalent;
- Written proof of successful completion of the National Conference Examination;
- Completed Verification of Licensure from state(s) in which you hold or previously held licensure (Attachment B);
- Transcript(s) documenting completion of one (1) year of mortuary school and one (1) year of college or two (2) years of mortuary school;
- Written documentation that the applicant has been in active practice in another state for at least three years immediately preceding application in Maine. (As proof, the Board will accept letters from employers that the applicant is actually engaged in their employment.);
- Payment of the \$100.00 license fee and \$75.00 examination fee. Make your check payable to the Maine State Treasurer; and
- Completed Criminal Records Check Form and payment of a separate \$8.00 fee. Make your check payable to the Maine State Treasurer.

Upon submission of the above requirements, your application will be presented for Board review. Upon review of your application, you will be notified by mail as to the status. If approved for examination, you will be notified of the procedure for taking your State Law examination. Upon successful completion of this examination, you will be granted licensure as a Practitioner of Funeral Service.



ANGUS S. KING, JR.  
GOVERNOR

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
**Board of Funeral Service**  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035  
(207) 624-8563 (HEARING IMPAIRED)

ANNE L. HEAD  
DIRECTOR

### APPLICATION FOR LICENSURE

The following statement is made pursuant to the Privacy Act of 1974, §7(B). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for Tax Administration purposes pursuant to 36 M.R.S.A. §175 as authorized by the Tax Reform Act of 1975 (42 U.S.C. §405(C)(2)(C)(I)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. §191.

**PLEASE CHECK ONE OF THE FOLLOWING:**

- Attendant
- Practitioner Trainee
- Practitioner
- Reciprocity

#### To Be Completed by the Applicant

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

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

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

County: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

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

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. Have you ever been licensed in another state or territory?  Yes  No  
 State: \_\_\_\_\_ License # \_\_\_\_\_  
 Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

2. Has your application for examination or licensure been denied by any state governing the practice of funeral service?  Yes  No  
 If yes, please attach an explanation.

3. Has your license ever been suspended or revoked by any state?  Yes  No

If yes, please attach an explanation.

4. Have you ever pled guilty to, pled no contest to, or been found guilty of any crime?  
 Yes  No

If yes, please provide a copy of the court document record for each crime and a statement of the circumstances surrounding that crime.

**By my signature, I affirm that all information provided in connection with this application is true to the best of my knowledge and belief, with the understanding that any omissions, inaccuracies, or failure to make full disclosure may be deemed sufficient reason to suspend or recommend revocation of a license issued by the Department. I further authorize all law enforcement agencies and officials thereto to release to the Department any and all criminal history record information pertaining to myself.**

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Signature of Applicant

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Date



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### SUPERVISOR APPROVAL FORM ATTACHMENT A

Name of applicant: \_\_\_\_\_

Type of license/registration being applied for:  Attendant  Practitioner Trainee

Name of Funeral Establishment Employed By: \_\_\_\_\_

Address of Funeral Establishment: \_\_\_\_\_

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

License number of Funeral Establishment: \_\_\_\_\_

Telephone number of Funeral Establishment: \_\_\_\_\_

Practitioner responsible for the training/supervision of the applicant: \_\_\_\_\_

Practitioner's license number: \_\_\_\_\_

**If the above applicant is being registered as an attendant, please list the name(s) of all funeral establishments in which the attendant will be working:**

Name of Establishment	License Number
_____	_____
_____	_____
_____	_____
_____	_____

**THIS SECTION TO BE SIGNED BY THE PRACTITIONER RESPONSIBLE FOR THE PRACTITIONER TRAINEE/ATTENDANT.**

I hereby certify that I will be responsible for the Practitioner Trainee/Attendant.

Signature of Practitioner: \_\_\_\_\_

Printed Name of Practitioner: \_\_\_\_\_ Date: \_\_\_\_\_



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### VERIFICATION OF LICENSURE ATTACHMENT B

State completing form: \_\_\_\_\_

This is to certify that the following information was taken from the records maintained by the State Board listed above.

Name of applicant: \_\_\_\_\_

Address of applicant: \_\_\_\_\_

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

The above named person is licensed in the State of \_\_\_\_\_  
as follows:

License type: \_\_\_\_\_ License number: \_\_\_\_\_

Date issued: \_\_\_\_\_ Expiration date: \_\_\_\_\_

The issuance of this license was based on:

Education: \_\_\_\_\_

National Conference Examination?  Yes  No

Additional requirements: \_\_\_\_\_

This licensee is in good standing with no disciplinary action taken against him/her.

Yes  No

Comments: \_\_\_\_\_

Printed Name and Title of Authorized Person: \_\_\_\_\_

Signature of Authorized Person: \_\_\_\_\_

Date: \_\_\_\_\_

Board Seal



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TO: PROSPECTIVE APPLICANT  
FROM: OFFICE OF LICENSING & REGISTRATION  
RE: CRIMINAL RECORDS CHECK

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

***CRIMINAL HISTORY RECORDS CHECK PROCEDURE***

Attached is a form addressed to the Maine Department of Public Safety, Bureau of Identification. Please complete the applicant information section of the enclosed form and send it to the appropriate licensing board with your completed application and supporting documentation as may be necessary. **Do not send the request directly to the Department of Public Safety.**

Public Law Chapter 401, sec. W-1, amends Title 25 §1541, sub-§6 to allow the State Bureau of Identifications to charge a fee to government organizations for services provided. Therefore, as of October 1, 1999 all criminal background checks of individuals are subject to a fee as determined by the Commissioner of Public Safety.

You must provide a separate check in the amount of \$8.00, made payable to Maine State Treasurer, as payment for your criminal history record check in addition to the licensing fees presently required. Please note that the criminal history record will be returned to the licensing board, not the applicant.

Please contact the board clerk at the number below if you have questions or need assistance.

**(Clerk Name and Phone Number) Diane Bradstreet  
(207) 624-8623**

OFFICE PHONE: (207) 624-8623



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(207) 624-8563 (HEARING IMPAIRED)

FAX: (207) 624-8637



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**CRIMINAL HISTORY RECORD CHECK FEE: \$8.00**

**Make checks payable to: Treasurer, State of Maine**

**Submit this Application with License Application**

**APPLICANT INFORMATION**

Name: _____		
Last	First	Middle
Address: _____		
Social Security/Federal I.D. #: _____		Date of Birth: _____
Any other names used: _____		

Please return the criminal history record information or a notice of no record to the following:

***REQUESTING AGENCY INFORMATION***

**(Office Use Only)**

Date: _____	Contact Person: <b>DIANE BRADSTREET</b>
Agency Name & Address:	<b>Office of Licensing and Registration Board of Funeral Service 35 State House Station Augusta, Maine 04333-0035</b>



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OFFICE PHONE: (207) 624-8623

FAX: (207) 624-8637

(207) 624-8563 (HEARING IMPAIRED)  
OFFICES LOCATED AT: 122 NORTHERN AVENUE,  
GARDINER, MAINE



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### AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

<b>Name:</b> (applicant fees being paid for)		
<b>Mailing Address:</b> (applicant fees being paid for)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>		<b>Telephone #:</b> (____) _____ - _____
<b>Name of cardholder:</b> (if other than applicant)		
<b>Mailing Address:</b> (if other than applicant)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

Visa     MasterCard \_\_\_\_\_ **Card number**

**Expiration date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **in the amount of: \$** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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ACCOMMODATION REQUEST FORM

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Accommodations Requested for the \_\_\_\_\_ Examination.

Disability \_\_\_\_\_

Please check all that apply

- Accessible Testing Site
- Separate Testing Site
- Braille
- Large Print
- Tape
- Reader as Accommodation for Visual Impairment
- Scribe/Amanuensis as Accommodation for Visual or Motor Impairment
- Reader as Accommodation for Learning Disability
- Scribe/Amanuensis as Accommodation for Learning
- Sign Language Interpreter
- Extended Time
  - Time-and-a-half
  - Double time
  - More than double time (specify) \_\_\_\_\_
- Use of Computer or Other Adaptive Equipment (specify) \_\_\_\_\_
- Other: \_\_\_\_\_

Signed and Dated: \_\_\_\_\_

## DOCUMENTATION OF DISABILITY RELATED NEEDS

**If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.**

**If you have existing documentation of having the same or similar accommodation provided to you in another test situation, you may submit such documentation instead of having this portion of the form completed.**

**I have known \_\_\_\_\_ since \_\_\_\_\_ in my capacity as a**  
(Test applicant) (date)

\_\_\_\_\_  
(professional title)

**The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following: (check all types)**

- Taped test**
- Large print test**
- Reader**
- Scribe/amanuensis**
- Extended time**
  - Time-and-a-half**
  - Double time**
  - More that double time** (please justify) \_\_\_\_\_
- Separate Testing Area**
- Use of Computer or Other Adaptive Equipment** (please specify) \_\_\_\_\_
- Other** (please specify) \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **License # (if applicable):** \_\_\_\_\_