*****FOR OFFICE USE ONLY*****

Funeral Director/Embalmer Checklist

- ☐ Endorsement ☐ Examination
- ☐ App. & Fee - $30.00
- ☐ Date:_____ Check_____
- ☐ Birth Certificate/Legal Entry
- ☐ Photo
- ☐ Transcript
- ☐ High School Diploma
- ☐ Internship Verified
- ☐ National Board Scores
- ☐ Approved for Practical Exam
- ☐ Passed Practical
- ☐ License Verification

*****FOR OFFICE USE ONLY*****

Application Approved:
License Number:
Issue Date:
Signature of Board Administrator
ID#:
Receipt #:

Rhode Island
Board Funeral Directors and Embalmers

Room 104
3 Capitol Hill
Providence, RI 02908-5097

License #_____

Name_____

Instructions and Application For
License As A

☐ Funeral Director/Embalmer

☐ **Endorsement** ☐ **Examination**

MILITARY STATUS ELIGIBILITY *(Documentation Required) see next page for instructions*

Please check ONE of the following criteria for expedited application:

- ☐ I am in active military duty or a reservist
- ☐ I am a military veteran with honorable discharge
- ☐ I am the spouse of someone in active military duty or the spouse of a reservist

Applicant - Print Name

LAST NAME	***FIRST NAME***	***MI***

Phone: (401) 222-2828 **TTY/TDD: (800) 745-5555** **Fax: (401) 222-1272**

Revised 07/22/2016 jcp

GENERAL INFORMATION

Enclosures

The following materials and information should be enclosed within this application packet:

Application Process Overview.....3

Instructions for Completing Application.....4

Application Materials

Application.....5-8
Application Checklist.....9
Interstate Verification Form - (Endorsements Only).....10

Licensure Requirements

- Fee of **$30.00** (Non Refundable - Check or Money Order ONLY - Payable to RI General Treasurer).
- Recent passport type photograph.
- Original U.S. birth certificate, or copy that has been notarized as a true copy of the original or, if born outside the U.S.; original notarized copy of citizenship or Lawful alien status (Submitted documents will **NOT** be returned to you).
- Official transcript sent directly from the qualifying school/college (embalming program/mortuary sci ence) For individuals entering into a program after January 1, 1996, an associates Degree is required.)
- High School transcript sent directly from school; or notarized copy of diploma or GED.
- Exam scores sent directly from the "Conference of Funeral Service Examining Boards".* ***(unless licensed in another state prior to 1985).**
- Evidence of successful completion of the Rhode Island Practical Examination
- Verification of Rhode Island Internship.
- Verification of licensure from each state in which you have ever been licensed. (Endorsement Only)

Military Expedited

If applying for expedited military status you must include one of the following: Leave Earning Statement (LES), Letter from Command, Copy of Orders or DD-214 showing honorable discharge.

Rules and Regulations/Laws

To obtain the Rules and Regulations for your profession visit the following web site. From the list click your profession.

http://www.health.ri.gov/licenses/

Title 5, Chapter 33.2, entitled: Funeral Director/Embalmer Funeral Services Establishments can be downloaded at the following web web site:

http://www.rilin.state.ri.us/Statutes/TITLE5/5-33.2/INDEX.HTM

APPLICATION PROCESS OVERVIEW

The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professionals Regulation, and the Rhode Island Board of Funeral Directors and Embalmers(Board).

Application Process

In addition to the application, you must submit additional information directly to the Board. All items listed on the "checklist" (page 9) must be submitted for an application to be considered complete. All applications are considered valid for 1 year from the day they are received at HEALTH. If you do not complete the application process and obtain a license within 1 year a new application must be submitted.

Please allow a minimum of 8 weeks for the entire licensure process to be completed. If you have malpractice criminal or disciplinary history, in Rhode Island or another state, it can take an additional 2 or 3 months for all pertinent documentation to be received, and a decision to be made regarding issuance of your license.

Licenses will be issued within 7-10 working days following approval of the license. Wallet-sized license cards are mailed within 3 weeks from the date of issuance, and are mailed to the address furnished in the application. You are responsible for notifying the Board office, in writing, if your address changes in the interim. Visit the following website to obtain a change of address form.

http://www.health.ri.gov/forms/changeofaddress/professions.pdf

To obtain your license number prior to receiving your license card, please refer to the HEALTH Licensee Lookup web site:

https://healthri.mylicense.com/Verification/

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once completed, the application will be reviewed, and you will be contacted in writing.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the application. If you have any questions about this application process, or would like to check on the status of your application, please contact the board staff at (401) 222-2828.

INSTRUCTIONS FOR COMPLETING THE BOARD APPLICATION

Read the following instructions and those throughout the application packet carefully before completing the application. **Only complete applications with the appropriate fee will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays.

General Instructions

1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type your information or print in blue or black ball-point pen. HEALTH staff will not make assumptions about illegible information.
3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
4. We suggest that you make a copy of your completed application before submitting it to HEALTH.
5. It is your responsibility to check on the status of your application.

Completing your Application

1. Complete the application pages (5-8). You must respond to all components of the application as instructed. If you attach separate pages in continuation of the application, such pages MUST clearly indicate the section for which such information is being reported.
2. Make a check or money order (in U.S. Funds only) for the application fee of **$30.00** payable to **"RI General Treasurer"** and staple it to the upper left-hand corner of the first (Top) page of the application. This application fee is NON-REFUNDABLE.
3. Complete all application materials as instructed and arrange them in the order listed on the application checklist (page 9). Do not submit the application without all applicable information, documentation and fee(s). Mail these components of the application to:

Rhode Island Department of Health
Board of Funeral Directors and Embalmers
Room 104, 3 Capitol Hill
Providence, RI 02908-5097

In addition to the materials you mail to HEALTH, the following must be either mailed or requested from other sources.

1. Official transcript from the qualifying school/college must be submitted by the school directly to the Board, at the address listed above. ***Facsimiles will not be accepted. NOTE:*** For individuals entering into a program after January 1, 1996, an Associates Degree is required.

2.. Interstate Verification Forms. The form on Page 10 must be sent to any state in which you have ever held a license. Be sure to sign and complete the identifying information on the form. HEALTH must receive these verifications directly from the licensing authority.

Please, ***do not*** contact the Rhode Island Board for mailing addresses of other licensing authorities.

State of Rhode Island
Board of Funeral Directors and Embalmers

Application for License as a Funeral Director/Embalmer

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

1. Name(s)

This is the name that will be printed on your License/Permit/ Certificate and reported to those who inquire about your License/ Permit/ Certificate. Do not use nicknames, etc.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

2. Social Security Number

U.S. Social Security Number

"Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Divison of Taxation to verify that no taxes are owed to the State."

3. Gender

Male Female

4. Date of Birth

Month Day Year 1 9

5. Home Address

It is your responsibility to notify the board of all address changes.

1st Line Address (Apartment/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City State Zip Code

Country, If NOT U.S. Postal Code, If NOT U.S.

Home Phone Home Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

6. Business Address (ONLY if it is RELATED to your license.)

It is your responsibility to notify the board of all address changes.

This address will appear on the Department of Health web site.

Name of Business/Work Location

1st Line Address (Department/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City State Zip Code

Country, If NOT U.S. Postal Code, If NOT U.S.

Business Phone Extension Business Fax

7. Preferred Mailing Address

Please check ONE

☐ Please use my **Home Address** as my preferred mailing address

☐ Please use my **Business Address** as my preferred mailing address

8. Qualifying Education

Please list the name and information about the school that you attended that qualifies you for this license.

Type of School (High School,University, College, Trade/Technical School etc.)

Name of School

Date Graduated: Month Year

Type of School (High School,University, College, Trade/Technical School etc.)

Date Graduated: Month Year

9. Other State License(s)

Please answer the question and list state(s), if applicable

Have you ever held, or do you currently hold, a license in another state? ☐ Yes ☐ No

If the answer to this question is ***"yes"***, list all state abbreviation(s) of licenses in Question 10 (below). Send "Interstate Verification Form" (page 10) to each state in which you are, or ever have been, licensed:

10. Licensure

List all states or countries in which you are now, or ever have been licensed to practice your profession.

State/Country:			State/Country:		
_____	☐ Active	☐ Inactive	_____	☐ Active	☐ Inactive
_____	☐ Active	☐ Inactive	_____	☐ Active	☐ Inactive
_____	☐ Active	☐ Inactive	_____	☐ Active	☐ Inactive
_____	☐ Active	☐ Inactive	_____	☐ Active	☐ Inactive
_____	☐ Active	☐ Inactive	_____	☐ Active	☐ Inactive
_____	☐ Active	☐ Inactive	_____	☐ Active	☐ Inactive
_____	☐ Active	☐ Inactive	_____	☐ Active	☐ Inactive
_____	☐ Active	☐ Inactive	_____	☐ Active	☐ Inactive
_____	☐ Active	☐ Inactive	_____	☐ Active	☐ Inactive

DOCUMENTATION NEEDED:

YOU must send an "Interstate Verification Form" to each state in which you are, or ever have been, licensed (Make copies as needed) *(See page 10).*

11. Criminal Convictions

Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.

If necessary, you may continue on a separate 8½ x 11 sheet of paper.

Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending? ☐ Yes ☐ No

Abbreviation of State and Conviction[1] (e.g. CA - Illegal Possession of a Controlled Substance):

	Month	Year

12. Disciplinary Questions

Check either Yes or No for each question.

1. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are formal charges pending? ☐ Yes ☐ No

2. Have you ever been denied a license, certificate, registration or permit in any state? ☐ Yes ☐ No

Note: If you answer "Yes" to any question, you are **required** to furnish complete details, including date, place, reason and disposition of the matter. You may use the space below or, if needed, on a separate sheet of paper.

13. Affidavit of Applicant

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Funeral Director/Embalmer in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Funeral Directors and Embalmers of any change in the answers to these questions after this application and this affidavit is signed.

_____ Signature of Applicant

_____ Date of Signature (MM/DD/YY)

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____, who is personally known to me or has produced _____ as documentation and did / did not take an oath.

_____ Name of Notary (Print, Type or Stamp)

_____ Signature of Notary

Notary Seal

_____ Notary No/Commission No.

_____ Commission Expiration Date (MM/DD/YY)

14. Recent Photograph

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.

Affix Photo Here

Write your name on the back of the photograph, and provide the date that the photograph was taken.

_____ Date of Photograph

APPLICATION CHECKLIST

Please review the following checklist to ensure that all the components of the application process have been satisfied. Some items may not apply.

Board Application

- ☐ I have read and understand the "Instructions for Completing the Application".
- ☐ I have completed the Rhode Island Board application as instructed (pages 5-8).
- ☐ I have attached the cover page of the application.
- ☐ I have completed Section 13, **"Affidavit of Applicant"**, and had the form notarized by a notary public.
- ☐ I have attached a photograph to Section 14, **"Recent Photograph"** as instructed. I have verified that it meets the photograph requirements as stated in the application.
- ☐ I have attached a birth certificate ***(original or a copy notarized as being a true copy of the original)***, or proof of ***lawful entry*** status (if born outside the United States), and understand that submitted documents will not be returned.
- ☐ I have a **check** or **money order**, made payable (in U.S. funds only) to the ***"RI General Treasurer"*** in the amount of **$30.00** and attached it to the upper left-hand corner of the first (Top) page of the application.

- ☐ I have arranged my Board Application materials in the following order.

  1. Fee (attached as instructed).
  2. Board Application (including cover page) (pages 5-8)
  3. Supporting documentation as required. [**Note:** Pages containing additional information in continuation of the Board application] MUST indicate the section for which the information is being reported.]

- ☐ I have mailed the above application materials directly to the Rhode Island Board of Funeral Directors and Embalmers.

Required Forms

- ☐ I have completed and mailed the following forms as instructed.

  1. Interstate Verification Form - Original State of Licensure (Endorsement Only)

Other Documents

- ☐ I have requested a school transcript as instructed.
- ☐ I have requested my high school transcript or submitted a notarized copy of my diploma as instructed.
- ☐ I have requested Exam Scores sent directly from the "Conference of Funeral Service Examining Boards" to the Department of Health.
- ☐ I have requested verification of my 12 month Internship and a minimum of 50 bodies (***if applying by examination)***

Substitute forms are not acceptable - Copy this form as needed.

Rhode Island Board of Funeral Directors and Embalmers

Room 104, 3 Capitol Hill
Providence, RI 02908-5097
(401) 222-2828

INTERSTATE VERIFICATION FORM - ALL OTHER STATES OF LICENSURE

I am applying for a license to practice as a Funeral Director/Embalmer in the State of Rhode Island. The Rhode Island Board of Funeral Director and Embalmers requires that the following form be completed by the jurisdiction in which I have obtained licensure. This constitutes your authority to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Funeral Directors and Embalmers at the above address.

Print/Type Full Name _____ Signature _____ Date _____

Previous Names Used _____ Social Security Number _____ Date of Birth _____

License Number _____ Date Issued _____

THIS SECTION TO BE COMPLETED BY THE BOARD

Program Completed:	**Location:**	**Graduation Date:**	
Licensed by Examination? ☐ Yes ☐ No			
License Status: ☐ Active ☐ Inactive ☐ Lapsed	**Original Date Issued:**	**Expiration Date:**	

Questions:

1. Has this licensee ever been investigated by your Board? ☐ Yes ☐ No
2. Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? ☐ Yes ☐ No
3. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? ☐ Yes ☐ No
4. Do you know of any information that may discredit this person? ☐ Yes ☐ No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

_____

_____

_____

Certification:

Signature _____ Date _____

Type or Print Name _____

Please Affix
Board Seal Here

Title _____

Full Name of Licensing Board _____

Please return directly to the Board at the above address. Thank you for your prompt cooperation.