

Applicant: Print you first & last name here: \_\_\_\_\_



**DEPARTMENT OF FINANCIAL SERVICES**  
*Division of Funeral, Cemetery & Consumer Services*  
**200 East Gaines Street**  
**Tallahassee, FL 32399- 0361**

**APPLICATION FOR EMBALMER LICENSE  
 BY ENDORSEMENT**

Under Section 497.369, Florida Statutes. Before the Board of Funeral, Cemetery and Consumer Services.

**REQUIRED FEES (TYCL 2300)**

<i>If application received in the period Sept. 1 of an odd year through Aug. 31 of an even year</i>	<i>If application received in the period Sept. 1 of an even year through Aug. 31 of an odd year</i>
\$ 50 Application Fee	\$ 50.00 Application Fee
\$110 Exam Fee (FL Law & Rules exam)	\$110.00 Exam Fee (FL Law & Rules exam)
\$375 License fee	\$187.50 License fee
<u>\$ 5</u> Unlicensed activity fee	<u>\$ 5.00</u> Unlicensed activity fee
\$540 Total fee due with application	\$352.50 Total fee due with application
Add \$50 if you desire a "Temporary License"	Add \$50 if you desire a "Temporary License"

\_\_\_\_\_ Check here if you desire issuance of a Temporary License. *Please complete the application form for the Provisional or Temporary License, Application for Initial License.*

This application form is used by persons seeking licensure in Florida as an Embalmer and who are currently already licensed in good standing as an Embalmer in another state. Application by Endorsement allows an applicant to substitute one year of actual fully licensed practice in another state, for the one-year internship otherwise required for Florida licensure.

As used in this application, "Division" refers to the Division of Funeral, Cemetery and Consumer Services. "Board" refers to the Board of Funeral, Cemetery and Consumer Services. Unless specifically indicated otherwise, all questions and requests for data in this Application relate to the Applicant. Where the question calls for a YES or NO answer, circle the correct answer.

**FOR OFFICE USE ONLY**

<i>If application received in the period Sept. 1 of an odd year through Aug. 31 of an even year</i>				<i>If application received in the period Sept. 1 of an even year through Aug. 31 of an odd year</i>			
<u>BT</u>	<u>TYCL</u>	<u>FT</u>		<u>BT</u>	<u>TYCL</u>	<u>FT</u>	
V	2300	F	\$ 50	V	2300	F	\$ 50.00
	2300	E	\$110		2300	E	\$110.00
	2300	L	\$375		2300	L	\$187.50
	3800	F	<u>\$ 5</u>		3800	F	<u>\$ 5.00</u>
			\$540				\$352.50
	2301	T	<u>\$ 50</u> <i>If temporary license requested</i>		2301	T	<u>\$ 50.00</u> <i>If temporary license requested</i>
			\$590				\$402.50

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Section 1. PERSONAL INFORMATION			
First name			
Middle name (leave blank if none)			
Last name			
Name Suffix (examples: Jr., II) (leave blank if none)			
Birth Date (mm/dd/yyyy)			
Section 2. RESIDENCE ADDRESS			
Street Address (No P.O. Box allowed here)			
Apartment # (leave blank if not applicable):	Country:		
City	County	State	Zip Code
Section 3. PREFERRED MAILING ADDRESS			
<input type="checkbox"/> Check here if mailing address is same as Residence address, then skip this section.			
Street Address Or P.O. Box			
City	State	Zip Code	Country
Section 4. PHONE & EMAIL			
Primary phone number: Area code _____ Phone number: _____ - _____		E-Mail Address: (e.g., SmithJ@xyz.com)	
Section 5A. EMBALMER LICENSURE IN OTHER STATE(S)			
<p><i>Check whichever applies to your situation:</i></p> <p><input type="checkbox"/> a. I have completed, or am currently performing, a Florida internship.</p> <p><input type="checkbox"/> b. I am licensed as a funeral director and embalmer in another state(s), and seek to substitute my practice in the other state(s) for the Florida internship requirements (<i>complete and submit the form entitled <u>Certification of Licensure in good standing in another state</u> for each funeral director or embalmer license in another state</i>).</p> <p><i>If you have completed, or are currently performing, a Florida funeral director and/or embalmer internship, please provide the following information concerning your Florida internship(s):</i></p> <p>c. Intern license or registration number: _____</p> <p>d. Month &amp; year intern license or registration was issued: _____</p> <p>e. Is the internship completed? YES NO</p> <p>f. If your internship is completed, has your intern supervisor submitted a final quarterly intern supervisor's report? YES NO</p> <p>g. If internship has been completed, enter date completed: _____</p> <p>h. If internship not completed, state the anticipated month &amp; year of completion: _____</p> <p>i. Is or was this a concurrent funeral director and embalmer internship? YES NO</p>			

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**Section 6. NATIONAL BOARD EXAMINATIONS**

a. Have you taken the Science Section of the National Board Exam (administered by the Conference of Funeral Service Examining Boards)? YES NO

*If your answer to a. was YES:*

b. In what month and year did you take the Science section of the National Board Exam: \_\_\_\_\_

c. In what city and state did you take the Science section of the National Board Exam: \_\_\_\_\_

d. What was your score on the Science section of the National Board Exam (if you took the exam more than once, state your highest score): \_\_\_\_\_

*If your answer to a. was NO:*

e. In what month and year do you anticipate taking the Arts section of the National Board Examination? \_\_\_\_\_

*Your application is not complete until the Division receives an official report of your scores on the National Board Examination*

*Certification of Scores. If you answered YES to a. above, attach to this application documentary evidence issued by the Conference of Funeral Service Examining Boards, showing that you took the science section of the National Board Exam you took, and your score on the science section of the National Board Exam.*

**Section 7. OTHER LICENSING EXAMINATIONS**

*Skip this Section of this Application if you have taken the Science section of the National Board Exam, with a score of 75% or better.*

a. Are you asserting that you have taken a embalmer licensing exam other than the National Board Exam, and that the exam you took is equivalent to or more stringent than the National Board Exam?

YES NO

*Other Licensing Examination form. If your answer to a. above is YES, complete and attach the "Other Licensing Examinations" form. That form may be obtained on the website of the Division of Funeral, Cemetery & Consumer Services, or you may request the form by letter directed to the Division office at the address shown at the top of this form.*

**Section 8. ADVANCED EDUCATION REQUIREMENT**

*Note: A college degree is not required for this license. However, the college degrees referred to in (c) and (d) of (A1) below, will substitute for the one-year course in mortuary science that is otherwise required in (a) and (b) of (A1) below.*

(A1) Check whichever of the following is applicable to you:

\_\_\_(a) I have completed a course in mortuary science in a school that is accredited by the American Board of Funeral Science Education (ABFSE), and the course covered the following subjects: theory and practice of embalming, restorative art, pathology, anatomy, microbiology, chemistry, hygiene, and public health and sanitation.

\_\_\_(b) I have completed a course in mortuary science in a school that is not accredited by the American Board of Funeral Science Education (ABFSE), and the course covered the following subjects: theory and practice of embalming, restorative art, pathology, anatomy, microbiology, chemistry, hygiene, and public health and sanitation.

\_\_\_(c) I received a degree from a 4-year College or University, with a major in the school's mortuary science program, and the program is accredited by the American Board of Funeral Science Education (ABFSE).

\_\_\_(d) I received a degree from a 2-year Junior or Community College (or other 2-year college degree institution), with a major in the schools mortuary science program, and the program is accredited by the American Board of Funeral Science Education (ABFSE).

(A2) If you checked (c) or (d) in (A1) above, provide the following information about whatever 2-year or 4-year college you have a degree from.

a. Name of College or University: \_\_\_\_\_

b. Address of School Registrar (street, city, state, zip):  
\_\_\_\_\_  
\_\_\_\_\_

Applicant: Print you first & last name here: \_\_\_\_\_

c. Name of Degree (e.g., Associate in Science): \_\_\_\_\_  
d. Name of Major \_\_\_\_\_  
e. Dates of attendance: From (month & year) \_\_\_\_\_ To (month & year) \_\_\_\_\_  
f. Date of graduation: \_\_\_\_/\_\_\_\_/\_\_\_\_

(A3) If you checked (a) or (b) in (A1) above, provide the following information:  
Name of school that conducted the mortuary science course:  
\_\_\_\_\_  
Address of school that conducted the course (street, city, state, zip):  
\_\_\_\_\_  
\_\_\_\_\_  
Month and year you began the course \_\_\_\_\_ Month and year you completed the course \_\_\_\_\_

(A4) Attach proof of graduation and/or course completion.  
a. If you checked (c) or (d) in response to (A1) above, attach to your application a certified true copy of your college transcript as issued by the school, showing all courses taken and date of graduation.  
b. If you checked (a) or (b) in response to (A1) above, then regarding the mortuary science course you completed, attach a certificate of course completion or similar document, issued by the school that conducted the course and on that school's letterhead.

(A5) Non-ABFSE Courses. If you checked (d) in response to (A1) above, you must complete the "Mortuary Science Course Information Form," and attach it to this application when submitting same. *That form may be obtained on the website of the Division of Funeral, Cemetery & Consumer Services, or you may request the form by letter directed to the Division office at the address shown at the top of this form.*

**Section 9. OTHER LICENSURE INFORMATION**

(a) Have you ever previously held a license or registration in Florida as an embalmer apprentice?  
YES NO

(b) Have you ever previously held a license or registration in Florida as an embalmer intern or funeral director intern, or concurrent embalmer and funeral director intern?  
YES NO

(c) Do you now, or have you ever in the past, held a license or registration in Florida or any other state or jurisdiction, as a embalmer, funeral director, or direct disposer?  
YES NO

*If your answer to any of the questions in this Section is YES, you must fill out and submit with this application, an "Other Licenses Form." You must disclose on that form details of each current or prior license that requires a "YES" answer to any of the questions in this Section of this application; however, any license already disclosed in response to Section 5 of this form need not be again disclosed in response to this Section. The "Other Licenses Form" may be obtained on the website of the Division of Funeral, Cemetery & Consumer Services, or you may request the form by letter directed to the Division office at the address shown at the top of this form.*

**Section 10. ADVERSE LICENSING HISTORY QUESTIONS**

(a) Have you ever had any license to practice embalming, funeral directing, direct disposing, or any other regulated profession, revoked, suspended, fined, reprimanded, or otherwise disciplined, by any regulatory authority in Florida or any other state or jurisdiction?  
YES NO

Applicant: Print you first & last name here: \_\_\_\_\_

(b) Have you ever had any application for license as a embalmer, funeral director, direct disposer, or other type of license in the death care industry, denied for any reason by any regulatory authority in Florida or any other state or jurisdiction? YES NO

(c) Have you ever voluntarily relinquished or surrendered a professional license while under investigation, or after initiation of a disciplinary proceeding against you or the license? YES NO

(d) Are you currently to your knowledge under investigation by any regulatory or law enforcement authority in Florida or any other state or jurisdiction, in regards to alleged misconduct or incompetency in the performance of work as a embalmer, funeral director, or direct disposer? YES NO

*If the answer to any of the questions in this Section is YES, you must fill out and submit with this application, an “Adverse Licensing Action History Form”. You must disclose on that form details of each adverse licensing action and pending investigation that required a “YES” answer to any of the questions in this Section of this application. That form may be obtained on the website of the Division of Funeral, Cemetery & Consumer Services, or you may request the form by letter directed to the Division office at the address shown at the top of this form.*

#### Section 11. CRIMINAL HISTORY QUESTIONS

Have you, the applicant herein, ever plead guilty, been convicted, or entered a plea in the nature of no contest, regardless of whether adjudication was entered or withheld by the court in which the case was prosecuted, in the courts of Florida or another state or the United States or a foreign country, regarding any crime indicated below:

a. Any felony or misdemeanor, no matter when committed, which was directly or indirectly related to or involving any aspect of the practice or business of embalming, funeral directing, direct disposition, cremation, funeral or cemetery preneed sales, funeral establishment operations, cemetery operations, or cemetery monument or marker sales or installation. YES NO

b. Any other felony not already disclosed under subparagraph 1. immediately above, which was committed within the 20 years immediately preceding the date you submit this application. YES NO

c. Any other misdemeanor not already disclosed under subparagraph 1. which was committed within the 5 years immediately preceding the date you submit this application? YES NO

*If you circled YES, you must fill out and submit with this application, a “Criminal History Form.” You must disclose on that form details of every criminal action against you that required a “YES” answer to any of a, b, or c above. That form may be obtained on the website of the Division of Funeral, Cemetery & Consumer Services, or you may request the form by letter directed to the Division office at the address shown at the top of this form.*

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**Section 12. PRIOR NAME INFORMATION**

(a) Have you, the applicant, ever had your name legally changed by order of a court?  
**YES NO**

(b) Have you, the applicant, ever used, or been known by, any name other the name under which you make this application?  
(examples: maiden name; prior marriage name; an alias)  
**YES NO**

*If the answer to any of the questions in this Section is YES, enter in the space below in full every such prior name,, and the period it was used, and a brief explanation. For example, "Mary Smith, 1979-1999, it was my maiden name."*

<u>Name</u>	<u>Period</u>	<u>Reason</u>
_____	_____	_____
_____	_____	_____

**Section 13. COMMUNICABLE DISEASE COURSE**

*For more information, see Rule 69K-32.002, or successor rules.*

a. Have you completed a course on communicable diseases? **YES NO**

b. Was the course at least 2 hours long? **YES NO**

c. Was the course approved by the Florida Department of Health, or by a Board within the Florida Department of Health? (ask the entity that conducted the course) **YES NO**

d. Name of school or entity that conducted or sponsored the course:

e. Where was the course held (e.g., *Marriott Hotel, International Drive, Orlando*):

f. Date you took the course:

g. Attach a certificate of attendance or other documentary evidence of having taken the course (must be issued by the entity that sponsored or conducted the course).

**Section 14. MISCELLANEOUS MATTERS**

a. Do you have either a high school diploma or a high school GED (Graduate Equivalency Degree)? **YES NO**

b. Do you understand that after licensure, you have a continuing duty under state law [s. 497.146, Florida Statutes], to notify this Division within 30 days of any change in your residence address or mailing address?

**YES NO**

*(A "Change of Address or Contact Data" form may be found on the Division website)*

c. Do you understand that as part of this application, you must submit your fingerprints for a criminal background check?

**YES NO**

*Instructions concerning how and where to submit fingerprints, may be reviewed and printed from the website of the Division of Funeral, Cemetery & Consumer Services, as follows: go to the website of the Department of Financial Services ([www.myfloridacfo.com](http://www.myfloridacfo.com)), click on FLDFS Divisions and Offices, click on Funeral and Cemetery Services.*

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d. Do you understand that you must take and pass the Florida Law & Rules examination, with a score of at least 75%, as a prerequisite to issuance of the license you are applying for? **YES NO**

*Your application is not complete until the Division receives an official report of your score on the Florida Law and Rules Examination. The Florida Board of Funeral, Cemetery, and Consumer Services will review this application and if it determines you meet all applicable criteria, it will approve you to sit for the Florida Law and Rules Examination. You will be promptly notified of the Board's decision. If approved to sit for the Florida Law & Rules Examination, you may schedule an examination time, date, and place convenient to you. The exam is given daily at approximately 20 locations around Florida.*

**Section 15. APPLICANT'S CERTIFICATION & SIGNATURE**

Under penalties of perjury, I, the applicant or applicant's authorized signatory, do hereby declare that I have read the foregoing application and all attachments, and the facts stated in it are true and correct.

I declare that I have or will prior to commencing operations under this license comply with all requirements under Chapter 497, Florida Statutes, relating to the license for which I have applied.

I hereby authorize any court, law enforcement agency, or licensing authority to release or make available to the Division of Funeral, Cemetery & Consumer Services in the Florida Department of Financial Services, and to the Florida Board of Funeral, Cemetery, and Consumer Services, any and all information in their files concerning me.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name and Title

*Mail completed application with all attachments, and required fees to:*

Division of Funeral, Cemetery & Consumer Services  
Revenue Processing  
P.O. Box 6100  
Tallahassee, FL 32314-6100

Social Security No. \_\_\_\_\_