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

OTHER LICENSING EXAMINATIONS

This form is used by persons applying for embalmer and/or funeral director licensure in Florida who assert that they have taken a pre-licensing examination other than the National Board Exam (administered by the *Conference of Funeral Service Examining Boards)*, and that the exam they took was equal to or more stringent than the National Board Exam. As used in this form, the phrase "other exam" refers to the exam the applicant took and which the applicant asserts was equal to or more stringent than the National Board Exam.

Section 1. PERSONAL INFORMATION		
First name:	**Middle Initial:**	**Last Name:**
Email Address:	**Phone Number:** ( ) -	
Birth Date (mm/dd/yyyy): / /		

Section 2. EXAMINATION INFORMATION
a. The other exam was administered by (check applicable): ☐ A state licensing authority ☐ A school accredited by the American Board of Funeral Service Education (ABFSE). ☐ A testing vendor. ☐ Other, as follows:
b. Provide the name of the organization that administered the other exam: c. Provide the current address (street, city, state, zip) of the organization that administered the other exam: d. Provide the phone number with area code of the organization that administered the other exam:
e. Check one or more as apply to the other exam: ☐ The entire exam, questions and answers, was in writing. ☐ Part of the exam was written; part was oral. ☐ The entire exam was oral. ☐ The exam was taken on a computer. ☐ All or part of the exam was a practical exam, in which I showed how to perform or conduct certain tasks or activities.
f. Check any of the following as it applies to the written part of the other exam: ☐ The entire exam was multiple choice ☐ The entire exam was essay ☐ The exam was part multiple choice, part essay

g. Did you take all or parts of the other exam more than once before you passed it? YES ☐ NO ☐

h. How many times did you take the other exam before you passed it:

i. On what date or dates did you take the other exam:

j. Specify the full address (street, city, state, zip) of each location where you took the other exam or any part of the other exam:

k. Did you take any part of the other exam at your residence? YES ☐ NO ☐

l. Did you take the entire other exam at a location belonging to or controlled by a state licensing authority, testing vendor, or school? YES ☐ NO ☐

m. What was your grade on the other exam? (*specify your grade as a percentage of questions answered correctly; if the other exam was in sections or parts, identify each section and part and your grade for each section or part*):

n. ***Certification of Score(s)****. You must provide the Florida Division of Funeral, Cemetery & Consumer Services with a certification of your score or scores on the other exam. The certification must be by the organization that administered the other exam, on that organization's letterhead, and specifically addressed to the Florida Division of Funeral, Cemetery & Consumer Services.*

o. What was the total number of questions on the other exam?

p. Check any of the following subjects which were covered on the other exam, and for each item checked, indicate the number of questions on the other exam concerning that subject:

☐ Embalming (☐ questions)
☐ Restorative Arts (☐ questions)
☐ Microbiology (☐ questions)
☐ Pathology (☐ questions)
☐ Chemistry (☐ questions)
☐ Anatomy (☐ questions)
☐ Sociology/Funeral History (☐ questions)
☐ Psychology (☐ questions)
☐ Funeral Directing (☐ questions)
☐ Business Law (☐ questions)
☐ Funeral Service Law (☐ questions)
☐ Funeral Service Merchandising (☐ questions)
☐ Accounting/Computers (☐ questions)

q. Who developed the questions on the other exam?

r. Who determined the correct answers to written questions on the other exam?

s. During the other exam, did you have access to any study materials or textbooks? YES ☐ NO ☐

t. What was the maximum number of hours you had to complete the other exam?
u. How many hours did you actually take to complete the other exam?
v. If any part of the other exam was an oral or practical exam, provide the name, address, and phone number with area code, of each examiner who conducted or participated in the oral or practical exam:
w. Were there other examinees present and also taking the other exam when you took it? YES ☐ NO ☐
x. Was there a proctor present throughout the exam? YES ☐ NO☐
y. ***Copy of Other Exam****. You must provide the Florida Division of Funeral, Cemetery & Consumer Services with a copy of the entire other exam you took, certified as a true copy of the exam you took by the entity that administered the exam; or, if that entity is unwilling to provide you with a copy of the exam, you must arrange to have that entity provide to the Florida Division of Funeral, Cemetery & Consumer Services a copy of the entire other exam you took, certified as a true copy of the exam you took by the entity that administered the exam.*
_____ _____ Signature of applicant Date signed
SECTION 3. SOCIAL SECURITY NUMBER
ENTER APPLICANT'S SOCIAL SECURITY NUMBER: ***Purpose and Use:*** *The collection of social security numbers on applications for licensure under Chapter 497 is expressly authorized by s. 497.141(2), Florida Statutes. Social security numbers collected on applications will be used by the Department of Financial Services and the Board of Funeral, Cemetery and Consumer Services as follows: identification of applicants; obtaining background checks on applicants; obtaining information from authorities in other states; investigation of applicants and licensees concerning asserted violations of applicable law or rules; enforcement of child support obligations. The social security number may also be used for any other purpose required or authorized by federal or Florida Law.*