



State of Nevada
FUNERAL AND CEMETERY SERVICES BOARD

501 Hammill Lane, Reno, Nevada, 89511
Phone (775) 825-5535 * Email nvfuneralboard@fb.nv.gov

Application and Instructions for Embalmer Licensure

Eligibility and Information

Any individual wishing to become licensed in the State of Nevada as an Embalmer must complete this application and submit all required documentation with a \$375.00 application fee. Once the Board receives all needed documentation, a background check will be completed and the application will be reviewed by the Board during a public meeting.

Required Documents

Completed Application: Applications are required to be completed in full and must be signed and notarized.

Transcripts: Applicants for Licensure as an Embalmer must submit verification of 60 semester hours or 90 quarter hours at an accredited college or university (credits earned at an embalming college or school of mortuary science do not fulfill this requirement), and verification of 12 months of instruction in an embalming college or school of mortuary science which is accredited by the International Conference of Funeral Service Examining Boards. (Transcripts are not required for reciprocal licensure)

Testing: Applicants for Licensure as an Embalmer must have completed the Nevada State Board Exam or the National Board Exam and the Nevada Law, Rules, and Regulations Exam provided through The Conference.

Nevada Business License: Individuals who are self-employed or working as independent contractors are required to comply with Nevada business licensing requirements. Information is available through the Secretary of State's Office or www.nvsilverflume.gov.

Character Affidavits: Applicants for Licensure as an Embalmer must submit affidavits from two reputable residents of the county in which the applicant proposes to engage in the practice of embalming attesting that the applicant is of good moral character. Affidavits must contain contact information. (Not required for reciprocal licensure)

Applicant Request to Release Information: This document must be signed and notarized in order for the Board to obtain any necessary information to conduct a background investigation. Form can be found on Board website or mailed upon request.

Criminal History Form: This document must be completed if applicant has a criminal history. Form can be found on Board website or mailed upon request.

Reciprocal License: Applicants licensed in another state must submit proof of graduation from an accredited embalming college or school of mortuary science and verification of license in good standing must be received through reciprocal state.

Full Face Photograph of Applicant: Please submit with application.

Fee: A non-refundable check made out to "Nevada Funeral and Cemetery Services Board" in the amount of \$375 must be submitted at time of application.

License or Certificate Type

Embalmer License

Reciprocal Embalmer License

Applicant Information

Legal Name: _____

Address: _____
Street / P.O. Box City State Zip

Email Address: _____ Phone #: _____

Social Security Number _____ Sex _____

Date of Birth _____ Place of Birth _____

US Citizen

Authorized to Work in the US

List all prior names used by applicant: _____

Professional Licensing History

Are you now or have you ever been licensed, certified or registered as an Embalmer or Funeral

Director in any other jurisdiction? _____ Yes _____ No

State/Jurisdiction: _____ License # _____ Issue Date: _____ Expiration Date: _____

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Professional Employment History (5 years) – attach additional sheets if necessary

1. Current Employer: _____ Start Date: _____

Address: _____
Street / P.O. Box City State Zip

Phone #: _____ Fax #: _____

2. Previous Employer: _____ Start /End Date: _____

Address: _____
Street / P.O. Box City State Zip

Phone #: _____ Fax #: _____

3. Previous Employer: _____ Start/End Date: _____

Address: _____
Street / P.O. Box City State Zip

Phone #: _____ Fax #: _____

Address History- Please list places of residence for the last 10 years

1. Current Physical Address:

Street / P.O. Box

City

State

Zip

Dates of Residence From: _____ To: _____ own rent

2. Prior Physical Address:

Street / P.O. Box

City

State

Zip

Dates of Residence From: _____ To: _____ own rent

3. Prior Physical Address:

Street / P.O. Box

City

State

Zip

Dates of Residence From: _____ To: _____ own rent

4. Prior Physical Address:

Street / P.O. Box

City

State

Zip

Dates of Residence From: _____ To: _____ own rent

5. Prior Physical Address:

Street / P.O. Box

City

State

Zip

Dates of Residence From: _____ To: _____ own rent

Military History Questions

If you have ever served in the United States military, please check branch(es) of service below:

Army/Army Reserve

Navy/Navy Reserve

Air Force/Air Force Reserve

Coast Guard/Coast Guard Reserve

Marine Corps/Marine Corps Reserve

National Guard

Military Occupation Specialty/Specialties: _____

Date(s) of Service: From _____ to _____

Are you currently a spouse of an active military service member? Yes No

Examination of Applicant

Verification of successful completion of testing through The International Conference must be complete prior to issuance of license. If applicant has taken and passed the National Board Exam, only the Nevada Law, Rule and Regulation Exam is required.

Have you taken and passed the National Board Exam? Yes No

Date exam was taken: _____ Score: _____

Have you taken and passed the Nevada State Board Exam? Yes No

Date exam was taken: _____ Score: _____

Have you taken and passed the Nevada Law, Rule and Regulation Exam? Yes No

Date exam was taken: _____ Score: _____

Embalming Experience

Have you previously obtained a certificate of registration as an apprentice embalmer in the State of Nevada? Yes No

What is/was your Nevada registration number? _____

In what month and year was your Nevada certificate of registration issued? _____

Have embalmer apprentice reports been submitted in accordance with NRS 642.240?

Yes No

Number of bodies you have embalmed under the supervision of a licensed embalmer: _____

Information concerning licensed embalmer referenced in above:

Name: _____

License Number: _____

Address: _____

Street / P.O. Box

City

State

Zip

Phone #: _____ Fax #: _____

Reciprocal Licensure Questions – answer only if obtaining license through reciprocity

Have you practiced embalming successfully for the last 5 years? Yes No

Have you actively been practicing the last 2 years? Yes No

Legal Information – Explain any “YES” answers on a separate sheet of paper

Has there ever been a complaint filed, investigation, or legal action taken against your professional license for any reason? ___ Yes ___ No

Are there any pending legal actions, complaints, investigations or hearings concerning you in process? ___ Yes ___ No

Have you ever had a professional license, certification or registration denied, restricted, suspended, or revoked? ___ Yes ___ No

Have you ever relinquished responsibilities, resigned a position or been fired while a complaint was pending against you? ___ Yes ___ No

Have you ever been convicted of, or pled guilty or nolo contendere to, a violation of ANY federal or state statute, city or county ordinance, or any law of a foreign country? (Exclude minor traffic violations.) ___ Yes ___ No

(If you answer “yes” to this question, a Criminal History Form must be completed. Form can be found on Board website or mailed upon request.)

Child Support Information – Please check ONE appropriate answer. An answer is mandatory.

- I am not subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- I am subject to a court order for the support of one or more children and am NOT in compliance with the order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Nevada Business License Information – Check Appropriate Answer. An answer is mandatory.

- I do NOT have a Nevada business license number and AM NOT required to have one under the provisions of NRS Chapter 76.
- I do NOT have a Nevada business license number and AM required to have one under the provisions of NRS Chapter 76.
- I have a Nevada business license number assigned by the Secretary of State upon compliance with the provisions of NRS Chapter 76.

Name on business license: _____

Business license #: _____

Declaration of Applicant

I hereby declare under penalty of perjury, that all of the information supplied herein is to the best of my knowledge true, accurate and complete and I have not withheld, misrepresented, or falsely stated any information relevant to this application.

Signature of Applicant

Date

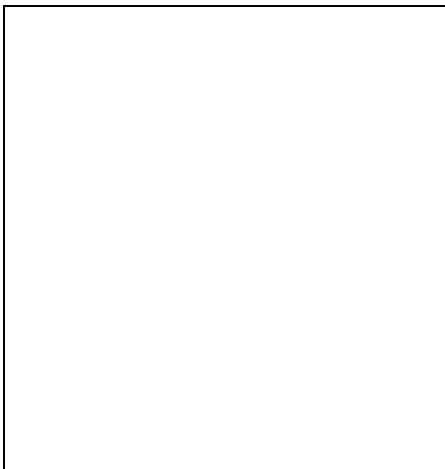
Print Name

SUBSCRIBED AND SWORN BEFORE ME

This _____ day of _____, in the year _____.

Notary Public

Seal



Applicant Photo

For Board Use Only:

Date Received: _____

Amount Paid: _____

Check Number: _____

Date License Issued: _____