



STATE OF NEVADA

## FUNERAL AND CEMETERY SERVICES BOARD

3740 Lakeside Drive, Suite 201, Reno, Nevada 89509

Phone (775) 825-5535 \* Fax (775) 507-4102

Email: [nvfuneralboard@fb.nv.gov](mailto:nvfuneralboard@fb.nv.gov) \* Website: <http://funeral.nv.gov/>

### Application and Instructions for Apprentice Embalmer Certificate of Registration

#### Eligibility and Information

Any individual wishing to obtain a certificate of registration in the State of Nevada as an Apprentice Embalmer must be at least 18 years of age, be of good moral character, complete this application and submit all required documentation with a \$375.00 application fee. Once the Board receives all required documentation, a background check will be completed, and the application will be reviewed.

#### Required Documents

- Completed Application: Applications are required to be completed in full and must be signed. An incomplete application will not be accepted and may be returned to the applicant. Omissions or fraudulent answers may be grounds for denial of application.
- Transcripts: Applicants for certification as an Apprentice Embalmer must submit verification of 60 semester hours or 90 quarter hours at an accredited college or university (**credits earned as part of the core mortuary science program do not fulfill this requirement**).
- Nevada Business License: Individuals who are self-employed or working as independent contractors are required to comply with Nevada business licensing requirements if applicable. Information is available through the Secretary of State's Office or [www.nvsilverflume.gov](http://www.nvsilverflume.gov).
- Affidavits: Applicants for certification as an Apprentice Embalmer must submit an affidavit from his or her preceptor that applicant shall enter upon his or her duties as soon as the certificate is granted.
- Criminal History Form and/or Legal Reporting Form: These documents must be completed if applicant has a criminal history to report or legal information to report. Form can be found on Board website or mailed upon request.
- Full Face Photograph of Applicant: Please submit a 2" x 2" full face passport photograph with application.
- Fee: A non-refundable payment in the amount of \$375 must be submitted at time of application. Acceptable forms of payment include, check, money order or credit card and payable to the "Nevada Funeral and Cemetery Services Board."

#### Instructions for Completing Your Application

- Complete the Apprentice Embalmer Certificate of Registration application and, submit all required documents including criminal history or legal reporting forms if required.
- Once all required information has been received by the Board, allow **ten (10) days** for processing the application. When the application process is complete, if approved, the applicant will receive an approval letter with certificate.
- The application may need to be reviewed by the Board at the next Board meeting depending on information submitted or obtained by the Board. If a review at a Board meeting is required, Applicant will be notified of the date, time and location of the meeting if review at a Board meeting is required.

Mail, Email or Fax Completed Application with Fees to:

Nevada Funeral and Cemetery Services Board  
3740 Lakeside Drive, Suite 201, Reno, NV 89509  
(775) 825-5535 – Fax: (775) 507-4102  
Email: [nvfuneralboard@fb.nv.gov](mailto:nvfuneralboard@fb.nv.gov)

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**Applicant Information**

Full Legal Name:			
Home Mailing Address:		City:	State: Zip:
Phone Number: <input type="checkbox"/> Home <input type="checkbox"/> Cell		Personal E-mail Address:	
Social Security Number:		Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Citizenship: <input type="checkbox"/> US Citizen <input type="checkbox"/> Authorized to Work in the US		Place of Birth:	
List all prior names used by applicant:			

**Employment Information**

Name of Employer:			
Work Mailing Address:		City:	State: Zip:
Phone Number: <input type="checkbox"/> Work <input type="checkbox"/> Cell		Work E-mail Address:	

<b>Preferred Contact Information (all Board correspondence will be sent to selected):</b>	<input type="checkbox"/> Home	<input type="checkbox"/> Work
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**Address History – Please list places of residence for the last 10 years – attach additional sheets if necessary**

1. Current Physical Address:		City:	State:	Zip:
<i>Dates of Residence:</i>	From:	To:	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
2. Prior Physical Address:		City:	State:	Zip:
<i>Dates of Residence:</i>	From:	To:	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
3. Prior Physical Address:		City:	State:	Zip:
<i>Dates of Residence:</i>	From:	To:	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
4. Prior Physical Address:		City:	State:	Zip:
<i>Dates of Residence:</i>	From:	To:	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
5. Prior Physical Address:		City:	State:	Zip:
<i>Dates of Residence:</i>	From:	To:	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
6. Prior Physical Address:		City:	State:	Zip:
<i>Dates of Residence:</i>	From:	To:	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
7. Prior Physical Address:		City:	State:	Zip:
<i>Dates of Residence:</i>	From:	To:	<input type="checkbox"/> Own	<input type="checkbox"/> Rent

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

1. Current Employer:		<i>Dates of Employment:</i>		From:	To:
Title:		Duties:			
Address:		City:	State:	Zip:	
Phone Number:		Fax #:			

2. Previous Employer:		<i>Dates of Employment:</i>		From:	To:
Title:		Duties:			
Address:		City:	State:	Zip:	
Phone Number:		Fax #:			

3. Previous Employer:		<i>Dates of Employment:</i>		From:	To:
Title:		Duties:			
Address:		City:	State:	Zip:	
Phone Number:		Fax #:			

4. Previous Employer:		<i>Dates of Employment:</i>		From:	To:
Title:		Duties:			
Address:		City:	State:	Zip:	
Phone Number:		Fax #:			

5. Previous Employer:		<i>Dates of Employment:</i>		From:	To:
Title:		Duties:			
Address:		City:	State:	Zip:	
Phone Number:		Fax #:			

**Professional Licensing History -- attach additional sheets if necessary**

Are you now or have you ever been licensed, certified or registered as an Embalmer or Funeral Director in any other jurisdiction? <i>If yes, please list all licenses below.</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been licensed or are you currently licensed in this State or any other state for any profession? <i>If yes, please list all licenses below.</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>State/Jurisdiction</b>	<b>License Type</b>	<b>License #</b>	<b>Date of Issue</b>

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**Licensed Embalmer Information (Preceptor)**

Name of embalmer which apprentice will serve under:		License No.:	
Establishment Name:			
Address:	City:	State:	Zip:

**Education Requirements – Attach additional sheets if necessary.**

Are you a high school graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you completed at least 60 semester hours or 90 quarter hours at an accredited college or university? <b>(Credits earned as part of the core mortuary science program do not fulfill this requirement.)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**List all colleges and universities attended, and number of credits earned at each institution. Additionally, official transcripts from each institution must be sent to the Board for verification of attendance and/or graduation. Attach additional sheets if necessary**

Name of School:		Dates of Attendance:		From:	To:
Address:		City:		State:	Zip:
Phone Number:		E-mail Address:			
Degree:	Major:		Number of Semester/Quarter hours obtained:		

Name of School:		Dates of Attendance:		From:	To:
Address:		City:		State:	Zip:
Phone Number:		E-mail Address:			
Degree:	Major:		Number of Semester/Quarter hours obtained:		

Name of School:		Dates of Attendance:		From:	To:
Address:		City:		State:	Zip:
Phone Number:		E-mail Address:			
Degree:	Major:		Number of Semester/Quarter hours obtained:		

## Application and Instructions for Apprentice Embalmer Certificate of Registration

**Military History Questions**

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from service under conditions other than dishonorable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently a spouse of an active military service member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Nevada Business License Information-** Please Check ONE appropriate answer.

<input type="checkbox"/>	I do NOT have a Nevada business license number and AM NOT required to have one under the provisions of NRS Chapter 76.
<input type="checkbox"/>	I do NOT have a Nevada Business License number and AM required to have one under the provisions of NRS Chapter 76.
<input type="checkbox"/>	I have a Nevada business license number assigned by the Secretary of State upon compliance with the provisions of NRS Chapter 76.

**Child Support Information –** Please Check ONE appropriate answer.

<input type="checkbox"/>	I am not subject to a court order for the support of a child.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.

**Legal Information**

Has there ever been a complaint filed, investigation, or legal action taken against any professional license you have held for any reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any pending legal actions, complaints, investigations or hearings concerning you in process?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had a professional license, certification or registration denied, restricted, suspended, or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever relinquished responsibilities, resigned a position or been fired while a complaint was pending against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(If you answer "YES" to any of the above questions, a Legal Reporting Form must be completed. Form can be found on Board website or mailed upon request.)</i>		
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.) <i>(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.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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**Certification and Signature**

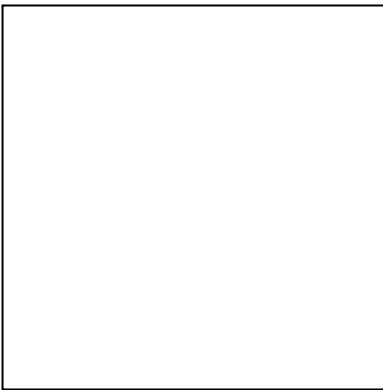
The undersigned hereby applies for a certificate of registration, under the laws and regulations governing funeral and cemetery services and certifies that all statements and documents contained herein are true and correct to the best of his/her knowledge and belief, that he/she is the person named in the credentials submitted, and the same were procured in the regular course of instruction and examination, without fraud or misrepresentation; and with full knowledge that all statements made in this application may be subject to investigation, and may include a check for fingerprints, police records, and former employers. Applicant understands that if any responses on this application are false, fraudulent, misleading, inaccurate or incomplete, the application may be denied. Applicant further understands that if a certificate is issued and it is later determined that false or misleading information was provided, the certificate may be revoked.

Applicant agrees to allow the Nevada Funeral and Cemetery Services Board ("Board") to communicate with any person in connection with this application, and understands that any information submitted, including this application, may be deemed a public record with the exception of any information deemed confidential by statute or regulation.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



**Applicant Photo** – *(Attach a 2" x 2" photo)*

**For Board Use Only:**

Date Received: _____	Amount Paid: _____	Ref. #: _____
Date Mailed: _____	License #: _____	

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Credit Card Payment Information

Payment Method

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



Amount: \$ \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Month/Year \_\_\_\_\_

Billing Address \_\_\_\_\_

Billing City, State & Zip \_\_\_\_\_

Email for Receipt: \_\_\_\_\_

**Authorization**

Signature: \_\_\_\_\_

*By providing my signature, I authorize payment in the above amount to the Nevada Funeral and Cemetery Services Board for the above application.*