



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 * Website: <http://funeral.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 be at least 18 years of age, be of good moral character, pass the Nevada Laws, Rules and Regulation (NVLRR) examination, pass the National Board Exam Science Section exam and 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. 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. Applications must be submitted at least twenty-one (21) business days prior to Board meeting.
- Completed Apprenticeship:** Applicant must have completed one (1) year apprenticeship in the State of Nevada.
- Transcripts:** Applicants for licensure as an Embalmer must submit official verification of 60 semester hours or 90 quarter hours at an accredited college or university (credits earned as part of core mortuary science program 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. All transcripts must come directly from the accredited institution to be valid.
- Testing:** Applicants for licensure as an Embalmer must have passed the Nevada Law, Rules, and Regulations (NVLRR) exam, passed the National Board Exam Science Section exam. All exams are provided through The International Conference of Funeral Service Examining Boards ("The Conference"). Testing authorization form can be found on Board website.
- 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.
- 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. Affidavit form can be found on the Board website or mailed upon request.
- Criminal History Form and/or Legal Reporting Form:** These documents must be completed if applicant has a criminal history or legal information to report. Forms can be found on Board website or mailed upon request.
- Full Face Photograph of Applicant:** Please submit a 2" x 2" full face 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

- Successfully pass the NVLRR and NBE-SCI (the Funeral Board must receive exam score reports prior to licensure).
- Complete the Embalmer Licensure application, and submit all required documents, including exam score reports, criminal history or legal reporting forms if required.
- Once all required information has been received by the Board, the embalmer licensure application will be reviewed by the Board during the next quarterly public Board meeting. Applicant will be notified of the date, time and location of the public Board meeting. After review by the Board, if approved, the applicant will receive an approval letter with license.

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

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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		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:	

Preferred Mailing Address (all Board correspondence will be sent to this address):	<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

Application and Instructions for Embalmer Licensure

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 #:			

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

Application and Instructions for Embalmer Licensure

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

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 – Science Section, only the Nevada Law, Rule and Regulation Exam is required.

Have you taken and passed the National Board Exam-Science Section (NBE-Science)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date NBE-Science exam was taken:		Score:
Have you taken and passed the Nevada Law, Rule and Regulation Exam (NVLRR)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date NVLRR exam was taken:		Score:

If you have completed the required testing, please make sure an "Official Certified Score Report" is sent to the Board office directly from The Conference.

Embalming Experience

Have you previously obtained a Certificate of Registration as an Apprentice Embalmer in the State of Nevada under the supervision of a State of Nevada licensed embalmer for at least one (1) year prior to this application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nevada Certificate of Registration number:		
Date Nevada Certificate of Registration was issued:		

Embalming Reporting (if Certificate of Registration was renewed, attach additional sheets if necessary)

Have you embalmed at least 50 bodies under the supervision of a State of Nevada licensed embalmer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you turned in the required embalmer reporting forms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

State/Jurisdiction	License Type	License #	Date of Issue

Application and Instructions for Embalmer Licensure

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? <i>(Transcripts required.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you completed at least 12 full months of instruction in an embalming college or school or mortuary science which is accredited by the International Conference of Funeral Service Examining Boards? <i>(Transcripts required.)</i>	<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:			

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.

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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 any 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

Certification and Signature

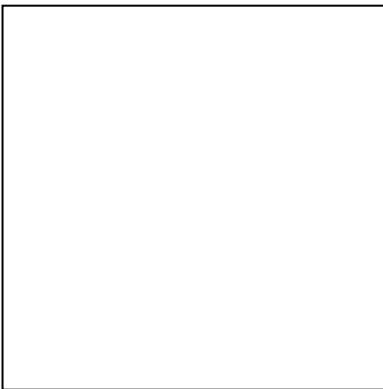
The undersigned hereby applies for a license under the laws and regulations governing funeral and cemetery services and certifies that all statements and documents contained herein are true and correct to the best of his/her knowledge and belief, that he/she is the person named in the credentials submitted, 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 license is issued and it is later determined that false or misleading information was provided, the license 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:

<input type="checkbox"/> Date Received:		<input type="checkbox"/> Approved	
<input type="checkbox"/> Fee Paid:	\$	<input type="checkbox"/> Denied	
<input type="checkbox"/> Ref. No.:		<input type="checkbox"/> Withdrawn	
<input type="checkbox"/> Issue Date:		<input type="checkbox"/> License No.:	
<input type="checkbox"/> Date License Mailed:			

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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.



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Character Affidavit for Embalmer Licensure

In accordance with NRS 642.080, affidavits must be completed by two reputable residents of the county in which the applicant proposes to engage in the practice of embalming.

I, _____, hereby state that I have known _____, applicant for Embalmer Licensure for _____ years. I certify that I am familiar with and can vouch for the applicant's good character, reputation, and professional ability.

Signature of Endorsee

Date

State of Nevada

County of _____

Signed and sworn to (or affirmed) before me on this _____ day of _____, in the year _____ by _____.

Notary Public

Seal

I, _____, hereby state that I have known _____, applicant for Embalmer Licensure for _____ years. I certify that I am familiar with and can vouch for the applicant's good character, reputation, and professional ability.

Signature of Endorsee

Date

State of Nevada

County of _____

Signed and sworn to (or affirmed) before me on this _____ day of _____, in the year _____ by _____.

Notary Public

Seal