



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 Reciprocal Embalmer Licensure

Eligibility and Information

Any individual wishing to become licensed in the State of Nevada as an Embalmer through reciprocity 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 through reciprocity must submit official verification of graduation from 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 through reciprocity must have completed the National Board Exam - Science Section and the Nevada Law, Rules, and Regulations Exam provided through The Conference. *Please make sure an "Official Certified Score Report" is sent to the Board office directly from The Conference.*
- License Verification: Verification of embalmer license in good standing from another state must be submitted by the licensing board in that state.
- 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.
- 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 and/or Legal Reporting Form: These documents must be completed if applicant has a criminal history to report or legal information to report since expiration of prior license. Form can be found on Board website or mailed upon request.
- Full Face Photograph of Applicant: Please submit with application.
- Fee: A non-refundable check or money order made payable to the "Nevada Funeral and Cemetery Services Board" or by credit card (see below for details) in the amount of \$375 must be submitted at time of application.

Applicant Information

Full Legal Name:

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

City:

State:

Zip Code:

Phone Number:

E-mail Address:

Social Security Number:

Date of Birth:

Sex:

Application and Instructions for Reciprocal Embalmer Licensure

| | | | |
|--------------|-------------------------------------|---|-----------------|
| 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:

Military History Questions

| | | |
|--|------------------------------|-----------------------------|
| Have you ever served in the United States Military? | <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 |

Address History – Please list places of residence for the last 10 years. - attach additional sheets if necessary.

1. Current Physical Address:

| | | | | |
|----------------------------|--------|-----------|------------------------------|-------------------------------|
| City: | State: | Zip Code: | | |
| <i>Dates of Residence:</i> | From: | To: | <input type="checkbox"/> Own | <input type="checkbox"/> Rent |

2. Prior Physical Address:

| | | | | |
|----------------------------|--------|-----------|------------------------------|-------------------------------|
| City: | State: | Zip Code: | | |
| <i>Dates of Residence:</i> | From: | To: | <input type="checkbox"/> Own | <input type="checkbox"/> Rent |

3. Prior Physical Address:

| | | | | |
|----------------------------|--------|-----------|------------------------------|-------------------------------|
| City: | State: | Zip Code: | | |
| <i>Dates of Residence:</i> | From: | To: | <input type="checkbox"/> Own | <input type="checkbox"/> Rent |

4. Prior Physical Address:

| | | | | |
|----------------------------|--------|-----------|------------------------------|-------------------------------|
| City: | State: | Zip Code: | | |
| <i>Dates of Residence:</i> | From: | To: | <input type="checkbox"/> Own | <input type="checkbox"/> Rent |

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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

If yes, please list all licenses below:

| State/Jurisdiction | License Type | License # | Date of Issue |
|--------------------|--------------|-----------|---------------|
| | | | |
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Embalming Experience

| | | |
|---|------------------------------|-----------------------------|
| Have you successfully practiced embalming for at least five years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you practiced actively for the two years immediately preceding this application? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

| | | |
|----------------------|--------|-------------|
| 1. Current Employer: | | Start Date: |
| Address: | | |
| City: | State: | Zip Code: |
| Phone Number: | Fax #: | |

| | | |
|-----------------------|--------|-----------------|
| 2. Previous Employer: | | Start/End Date: |
| Address: | | |
| City: | State: | Zip Code: |
| Phone Number: | Fax #: | |

| | | |
|-----------------------|--------|-----------------|
| 3. Previous Employer: | | Start/End Date: |
| Address: | | |
| City: | State: | Zip Code: |
| Phone Number: | Fax #: | |

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.

Application and Instructions for Reciprocal Embalmer Licensure

Education Requirements – Attach additional sheets if necessary.

| | | |
|---|------------------------------|-----------------------------|
| Have you graduated from an embalming college or school of mortuary science which is accredited by the International Conference of Funeral Service Examining Boards? (<i>Transcripts or proof of graduation required.</i>) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

List all colleges, universities, or schools or mortuary science 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.

| | | | |
|------------------------------------|--------------------|-----------------------------------|--|
| Name of School: | | | |
| Address: | | | |
| City: | State: | Zip Code: | |
| Dates of Attendance: | From (month/year): | To (month/year): | |
| Degree: | Major: | | |
| Number of Semester hours obtained: | | Number of quarter hours obtained: | |

| | | | |
|------------------------------------|--------------------|-----------------------------------|--|
| Name of School: | | | |
| Address: | | | |
| City: | State: | Zip Code: | |
| Dates of Attendance: | From (month/year): | To (month/year): | |
| Degree: | Major: | | |
| Number of Semester hours obtained: | | Number of quarter hours obtained: | |

| | | | |
|------------------------------------|--------------------|-----------------------------------|--|
| Name of School: | | | |
| Address: | | | |
| City: | State: | Zip Code: | |
| Dates of Attendance: | From (month/year): | To (month/year): | |
| Degree: | Major: | | |
| Number of Semester hours obtained: | | Number of quarter hours obtained: | |

Nevada Business License Information- Please Check ONE appropriate answer. An answer is mandatory.

| | |
|--------------------------|---|
| <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. An answer is mandatory.

| | |
|--------------------------|--|
| <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 and Criminal History | | |
|---|------------------------------|-----------------------------|
| Has there ever been a complaint filed, investigation, or legal action taken against your professional license 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 |

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. I hereby give permission to the Funeral and Cemetery Services Board to verify any information provided and obtain any additional documentation or information needed to verify my qualifications or good moral character.

Signature of Applicant

Date

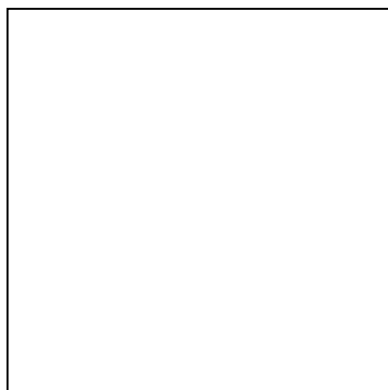
Print Name

SUBSCRIBED AND SWORN BEFORE ME

This _____ day of _____, in the year _____.

Notary Public

Seal



Applicant Photo

Credit Card Payment Information

Payment Method



Amount:

Name on Credit Card:

Billing Address

Credit Card Number:

Street Address:

Expiration Month/Year

City, State & Zip:

Authorization

Signature: _____

By providing my signature, I authorize payment in the amount of \$375 to the Nevada Funeral and Cemetery Services Board for the above application.

For Board Use Only:

Date Received: _____ Amount Paid: _____ Check Number: _____

CC Auth Number: _____

Date License Issued: _____ License Number: _____



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Applicant Request to Release Information

1. I, _____ hereby authorize and request all persons to whom this request is presented, having information relating to or concerning me, including a criminal background investigation if necessary, to furnish such information to any duly appointed agent of the Nevada Funeral and Cemetery Services Board whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
2. I hereby authorize and request all persons to whom this request is presented, having documents relating to or concerning me, to permit any duly appointed agent of the Nevada Board of Funeral and Cemetery Services to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
3. I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from any and all manners of action, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or claim to have against the person to whom this request is presented to his agents or employees arising out of or by reason of complying with this request.
4. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.
5. A reproduction of this request shall be for all intents and purposes as valid as the original.

Signature of Applicant

Date

Print Name

SUBSCRIBED AND SWORN BEFORE ME

This _____ day of _____, in the year _____.

Notary Public

Seal