



STATE OF NEVADA
FUNERAL AND CEMETERY SERVICES BOARD

3740 Lakeside Drive, Suite 201, Reno, Nevada 89509

Phone (775) 825-5535

Email: nvfuneralboard@fb.nv.gov * Website: <http://funeral.nv.gov/>

Test Authorization Request

Information and Instructions

Individuals seeking licensure must achieve a passing score on the required examination(s) prior to applying for a license with the Funeral & Cemetery Services Board (Funeral Board). The following tests are required:

- **Funeral Arranger:** Nevada Law Rule and Regulation exam (NVLRR)
- **Funeral Director:** Nevada Law Rule and Regulation exam (NVLRR) and National Board Exam Art Section (NBE-ART)
- **Embalmer or Reciprocal Embalmer:** Nevada Law Rule and Regulation exam (NVLRR) and National Board Science Section Exam (NBE-SCI). Authorization for the NBE-SCI exam will be submitted to The Conference by the mortuary science school.

All exams are administered by The International Conference of Funeral Service Examining Boards (The Conference). To sit for the NVLRR and/or the NBE-ART, you must be authorized by the Funeral Board prior to registering with The Conference to sit for the exam(s). Authorization for the NBE-SCI exam will be submitted to The Conference by the mortuary science school. The Conference charges fees to register and sit for an examination (\$140 for the NVLRR, and \$285 for the NBE-ART).

A study guide for the NVLRR exam is available on the Funeral Board's website at: funeral.nv.gov. Study materials for the National Board Exams are available for purchase through The Conference website at www.theconferenceonline.org.

Should you fail the exam(s), you are not required to submit another Test Authorization Request to the Funeral Board. Note that The Conference will charge an additional fee to retake the exam(s).

Required Documents

- Completed Test Authorization Request
- Payment of \$50 per exam for which authorization is requested.

Instructions

1. Submit completed Testing Authorization Request form with applicable fees to the Funeral and Cemetery Services Board.
2. You will receive an email from the Funeral Board when your authorization request has been processed.
3. Wait two to three (2-3) business days from receipt of Funeral Board email and then visit www.theconferenceonline.com to register for the exam(s).
4. After you register and pay for the exam(s) through The Conference, the Conference will send you an email with a confirmation code needed when you schedule your exam.
5. Schedule the exam(s); visit The Conference website at www.theconferenceonline.org to schedule your exam(s).

A Non-Refundable payment must be made by check or money order made payable to Nevada Funeral and Cemetery Services Board or by credit card.

Mail or email the completed Testing Authorization Request with fees to:

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

Testing Authorization Request and Information

Applicant Information

Full Legal Name: _____
First, Middle, Last

Home Address: _____
Address, City, State and Zip

Phone Number: _____ Personal Email: _____

Social Security Number: _____ Date of Birth: _____

Employment Information

Current Employer: _____

Title: _____ Duties: _____

Address: _____
Address, City, State and Zip

Phone Number: _____ Work Email: _____

License Type(s)

Indicate which license(s) type you are seeking:

<input type="checkbox"/> Funeral Arranger	<input type="checkbox"/> Funeral Director	<input type="checkbox"/> Embalmer
		<input type="checkbox"/> Reciprocal Embalmer

Exam(s)

Indicate which exam(s) you are seeking authorization to take:

<input type="checkbox"/> NVLRR (Nevada Laws, Rules, and Regulations)	<input type="checkbox"/> NBE-ART (National Board Exam Arts Section)	Note: The fee is \$50 per exam.
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Credit Card Payment Information

Payment Method    

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 referenced above to the Nevada Funeral and Cemetery Services Board for the above testing authorization fees.

For Board Use Only:

Date Received:	Fee Paid: \$	Payment Ref. No.
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