

**FUNERAL SERVICE PRACTITIONER LICENSURE
LICENSURE BY "MORTUARY SCHOOL GRADUATE"**

Complete this checklist ONLY if you are applying for Licensure by Mortuary School Graduate. For any "No" boxes checked provide the expected date documentation is to be provided to the Board of Funeral Services Office. It is your responsibility to have the documentation provided to the Board of Funeral Services. Failure to complete correctly and/or return this checklist with your application along with all required fees and documentation will cause a delay in processing your application. Return this completed checklist with your Application for Funeral Service Practitioner Licensure.

Yes	*No	NA	Enclosed please find:	For Office Use Only Date Received
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete Application for Funeral Service Practitioner Licensure, which is signed before a notary public and includes a 2"x2" photograph of applicant. (Photocopy or scanned photograph is not accepted)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Application and Licensure Fee of \$300.00, payment made out to: NM Board of Funeral Services	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Funeral/Commercial Establishment holds an active license.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Official transcripts in a sealed school envelope , satisfactory evidence that the applicant has obtained an associate's degree in funeral science.	__/__/__
*If No, date that is will be provided to the Board Office: __/__/__				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Official Mortuary School transcripts in a sealed school envelope , from an institution accredited by the American Board of Funeral Service Education	__/__/__
*If No, date that is will be provided to the Board Office: __/__/__				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Official score report from the International Conference of Funeral Service Examining Boards mailed directly to the Board of Thanatopractice Office, which supports passage of the National Board Examination	__/__/__
*If No, date that is will be provided to the Board Office: __/__/__				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation supporting completion of a course or other training approved by the Board concerning contagious and infectious diseases within one (1) year of date of application.	__/__/__
*If No, date that is will be provided to the Board Office: __/__/__				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Form A "Verification of Employment" in a sealed employer envelope , for out-of-state employment, for each employer listed in Section F of the application	__/__/__
*If No, date that is will be provided to the Board Office: __/__/__				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Form B "Verification of Licensure" in a sealed board envelope , from all the states you hold or have ever held a license to practice funeral service (or its equivalent), listed in Section G of the application for licensure	__/__/__
*If No, date that it will be provided to the Board Office: __/__/__				

(OVER)

The applicant must complete this section. All boxes must be checked confirming that you are aware of the following. As an applicant for Funeral Service Practitioner Licensure I am aware that:

<input type="checkbox"/>	I understand that the application review process is averaging approximately two (2) weeks and that applications are reviewed the second and fourth week of each month.
<input type="checkbox"/>	It is my responsibility to prove that I meet the minimum requirements for licensure
<input type="checkbox"/>	The Board cannot waive any of the requirements for licensure
<input type="checkbox"/>	The Jurisprudence Examination consists of questions on the Statutes, Rules and Regulations pertaining to the practice of funeral service or direct disposition including state health regulations governing human remains as follows: <ul style="list-style-type: none"> ▪ Funeral Services Act – Article 32 (61-31-1 through 61-32-31) ▪ Rules of the Board of Funeral Services (Title 16, Chapter 64, Parts 1 through 12) ▪ Medical Investigators Act – Article 11 (24-11-1 through 24-11-10) ▪ Disposition of Dead Bodies Act – Article 12 (24-12-1 through 24-12-4) ▪ Cremations Act – Article 12A (24-12A-1 through 24-12A-3) ▪ Burial of Indigents Act – Article 13 (24-13-1 through 24-13-8) ▪ Vital Statistics Act – Article 14 (24-14-1 through 24-14-31) Copies of the Statutes/Rules outlined herein may be purchased for a cost of \$10.00 by submitting a written request along with the fee
<input type="checkbox"/>	I must answer not less than 75% of the questions correctly to successfully complete the Jurisprudence Examination, if less than 75% of the questions are answered correctly I must wait thirty (30) days from the examination date prior to retaking the examination and I must pay all costs and fees to retake the examination (I may not take the examination more than twice in any six (6) month period)
<input type="checkbox"/>	I must have completed an associate's degree in funeral science from an institution whose funeral program is accredited by the American Board of Funeral Service Education
<input type="checkbox"/>	I must have served as a licensed funeral service intern for not less than twelve months, under the supervision of a licensed funeral service practitioner in the State of New Mexico, during the training period, I must have assisted in the embalming of at least fifty(50) bodies, assisted in the arranging of at least fifty (50) funerals and assisted in at least fifty (50) funeral directions
<input type="checkbox"/>	All fees paid to the Board of Funeral Services are non-refundable with the exception of the Licensure Fee if a license has not been issued
<input type="checkbox"/>	I am not to practice until I receive a license issued by the New Mexico Board of Funeral Services
<input type="checkbox"/>	Renewal notices are sent out as a courtesy reminder, it is my responsibility to contact the Board and to renew my license if I do not receive a renewal application
<input type="checkbox"/>	I must notify the Board Office in writing of any changes (name change, address change, change of employment, etc.) applicable to the Funeral Service Practitioner License within thirty (30) days following the change
<input type="checkbox"/>	The Funeral Service Practitioner License is the property of the Board and upon termination as a licensee or upon request by the Board I will immediately return the license to the Board Office
<input type="checkbox"/>	If I do not fulfill all the requirements for licensure within one (1) year from the date of receipt of the application by the Board Office, my application will become null and void and any fees paid will be forfeited

Print Name:

Date:

Signature:

Return this completed checklist with your application for Funeral Service Practitioner Licensure only if you are applying for Funeral Service Practitioner Licensure By Mortuary School Graduate

**FUNERAL SERVICE PRACTITIONER LICENSURE
LICENSURE BY "CREDENTIALS"**

Complete this checklist ONLY if you are applying for Licensure by Credentials. For any "No" boxes checked provide the expected date documentation is to be provided to the Board of Funeral Services Office. It is your responsibility to have the documentation provided to the Board of Funeral Services. Failure to complete correctly and/or return this checklist with your application along with all required fees and documentation will cause a delay in processing your application. **Return this completed checklist with your Application for Funeral Service Practitioner Licensure.**

Yes	*No	NA	Enclosed please find:	For Office Use Only Date Received
<input type="checkbox"/>			Complete Application for Funeral Service Practitioner Licensure, which is signed before a notary public and includes a 2"x2" photograph of applicant. (Photocopy or scanned photograph is not accepted)	
<input type="checkbox"/>	<input type="checkbox"/>		Application Fee of \$300.00, payment made out to: NM Board of Funeral Services	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation supporting completion of a course or other training approved by the Board concerning contagious and infectious diseases within one (1) year of date of application.	__/__/__
*If No, date that is will be provided to the Board Office: __/__/__				
<input type="checkbox"/>	<input type="checkbox"/>		Form A "Verification of Employment" in a sealed employer envelope , for out-of-state employment, for each employer listed in Section F of the application	__/__/__
*If No, date that is will be provided to the Board Office: __/__/__				
<input type="checkbox"/>	<input type="checkbox"/>		Form B "Verification of Licensure" in a sealed board envelope , from all the states you hold or have ever held a license to practice funeral service (or its equivalent), listed in Section G of the application for licensure	__/__/__
*If No, date that it will be provided to the Board Office: __/__/__				

(OVER)

The applicant must complete this section. All boxes must be checked confirming that you are aware of the following. As an applicant for Funeral Service Practitioner Licensure I am aware that:

<input type="checkbox"/>	I understand that the application review process is averaging approximately two (2) weeks and that applications are reviewed the second and fourth week of each month.
<input type="checkbox"/>	It is my responsibility to prove that I meet the minimum requirements for licensure
<input type="checkbox"/>	The Board cannot waive any of the requirements for licensure
<input type="checkbox"/>	The Jurisprudence Examination consists of questions on the Statutes, Rules and Regulations pertaining to the practice of funeral service or direct disposition including state health regulations governing human remains as follows: <ul style="list-style-type: none"> ▪ Funeral Services Act – Article 32 (61-31-1 through 61-32-31) ▪ Rules of the Board of Funeral Services (Title 16, Chapter 64, Parts 1 through 12) ▪ Medical Investigators Act – Article 11 (24-11-1 through 24-11-10) ▪ Disposition of Dead Bodies Act – Article 12 (24-12-1 through 24-12-4) ▪ Cremations Act – Article 12A (24-12A-1 through 24-12A-3) ▪ Burial of Indigents Act – Article 13 (24-13-1 through 24-13-8) ▪ Vital Statistics Act – Article 14 (24-14-1 through 24-14-31) Copies of the Statutes/Rules outlined herein may be purchased for a cost of \$10.00 by submitting a written request along with the fee
<input type="checkbox"/>	I must answer not less than 75% of the questions correctly to successfully complete the Jurisprudence Examination, if less than 75% of the questions are answered correctly I must wait thirty (30) days from the examination date prior to retaking the examination and I must pay all costs and fees to retake the examination (I may not take the examination more than twice in any six (6) month period)
<input type="checkbox"/>	I must have an employment and licensure history for no less than five (5) years out of the last ten (10) years of active practice as a Funeral Service Practitioner or its equivalent (Embalmer)
<input type="checkbox"/>	All fees paid to the Board of Funeral Services are non-refundable with the exception of the Licensure Fee if a license has not been issued
<input type="checkbox"/>	I am not to practice until I receive a license issued by the New Mexico Board of Funeral Services
<input type="checkbox"/>	Renewal notices are sent out as a courtesy reminder, it is my responsibility to contact the Board and to renew my license if I do not receive a renewal application
<input type="checkbox"/>	I must notify the Board Office in writing of any changes (name change, address change, change of employment, etc.) applicable to the Funeral Service Practitioner License within thirty (30) days following the change
<input type="checkbox"/>	The Funeral Service Practitioner License is the property of the Board and upon termination as a licensee or upon request by the Board I will immediately return the license to the Board Office
<input type="checkbox"/>	If I do not fulfill all the requirements for licensure within one (1) year from the date of receipt of the application by the Board Office, my application will become null and void and any fees paid will be forfeited

Print Name:

Date:

Signature:

Return this completed checklist with your application for Funeral Service Practitioner Licensure only if you are applying for Funeral Service Practitioner Licensure By Credentials

BOARD OF FUNERAL SERVICES

2550 Cerrillos Road
 P. O. Box 25101
 Santa Fe, New Mexico 87504
 (505) 476-4622
 website: www.rld.state.nm.us

FOR OFFICE USE ONLY	
Date Appl. Received: ___/___/___	
FEES RECEIVED:	FEE PAID:
Application \$ _____	
Jurisprudence Exam \$ _____	
Initial License \$ _____	
Date Approved: ___/___/___	
License No.: FSP _____	

APPLICATION FOR LICENSURE FUNERAL SERVICE PRACTITIONER

THIS APPLICATION MUST BE LEGIBLE, EITHER PRINTED NEATLY OR TYPED AND ACCOMPANIED BY THE APPLICATION, EXAMINATION AND INITIAL LICENSURE FEES IN THE AMOUNT OF \$300.00.

A copy of the Funeral Services Rules/Parts and Articles: 32, Funeral Services Act; 11, Medical Investigations; 12, Disposition of Dead Bodies; 12A, Cremations; 13, Burial of Indigents; and 14, Vital Statistics are available at the Funeral Services Board website. These documents contain answers to questions asked on the Jurisprudence Examination and you are also responsible for complying with the requirements outlined in the Rules/Parts & Statutes.

PLEASE CHECK ONLY ONE METHOD BY WHICH YOU ARE APPLYING:

- MORTUARY SCHOOL GRADUATE**
 Submit satisfactory evidence that the applicant has obtained an associate's degree in funeral science; Completion of twelve (12) months Funeral Service Internship training in New Mexico; and completion of a course/training on contagious and infectious diseases
- CREDENTIALS:** State: _____
 Five (5) continuous years' experience/employment as a Funeral Service Practitioner or it's equivalent; licensure in another state as a Funeral Service Practitioner or it's equivalent; and completion of a course/training on contagious and infectious diseases

SECTION A – APPLICANT INFORMATION * Required Field

*NAME - LAST		*FIRST	*MIDDLE INITIAL
*NAME OF LICENSED FUNERAL/COMMERCIAL ESTABLISHMENT WHERE YOU WILL BE WORKING			*LICENSE NO
*ESTABLISHMENT MAILING ADDRESS - No. & Street/P. O. Box		*ESTABLISHMENT PHONE NUMBER () -	
*CITY	*STATE	*ZIP CODE -	
*RESIDENT MAILING ADDRESS - No. & Street/P. O. Box			
*CITY	*STATE	*ZIP CODE -	
*DATE OF BIRTH - -	*CONTACT PHONE NUMBER () -	*E-MAIL ADDRESS - All communications (including renewal notices) will be sent to this email address	
*Social Security Number - -			
Have you ever used a different name for school or employment? If Yes, what name(s)?			

The following information requested here is **voluntary**, as it may be useful in obtaining funding and grants. Your consideration is appreciated.

GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	ETHNIC INFORMATION <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Caucasian–Non-Hispanic	COUNTRY CITIZENSHIP _____
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<p>REQUIRED</p> <p>Attach one (1) 2"X2" photograph of head and shoulders only, taken within the last six (6) months</p> <p>PLEASE STAPLE, DO NOT TAPE OR GLUE</p>

SECTION B – EDUCATION (Required if applying under Mortuary School Graduate)

Submit satisfactory evidence that the applicant has obtained an associate's degree in funeral science requiring the completion of at least sixty (60) semester hours from an institution whose funeral program is accredited by the American board of funeral service education or any other successor institution offering funeral service education recognized by the United States government. You must request that official transcripts be sent to the Board Office.		
NAME - COLLEGE/UNIVERSITY		PHONE () -
MAILING ADDRESS - No. & Street/P. O. Box		
CITY	STATE	ZIP CODE -
HOURS COMPLETED	COMPLETION/GRADUATION DATE - -	DIPLOMA AWARDED (Associate of Applied Science, etc.)
NAME - COLLEGE/UNIVERSITY		PHONE () -
MAILING ADDRESS - No. & Street/P. O. Box		
CITY	STATE	ZIP CODE -
HOURS COMPLETED	COMPLETION/GRADUATION DATE - -	DIPLOMA AWARDED (Associate of Applied Science, etc.)

SECTION C – CONTAGIOUS AND INFECTIOUS DISEASES TRAINING

You are required to provide evidence satisfactory to the Board of completion of a course or other training approved by the Board concerning contagious and infectious diseases. Course must have been completed within one (1) year of the date the application is submitted to the Board Office, UNLESS the following applies (check appropriate box if applicable):	
<input type="checkbox"/> graduated from an accredited school of funeral service education within five (5) years prior to application; OR <input type="checkbox"/> licensed in New Mexico as a Funeral Service Intern under direct supervision AND previously provided evidence satisfactory to the Board of completion of a course or other training approved by the Board concerning contagious and infectious diseases AND you actively maintained a Funeral Service Intern license under direct supervision for no more than five (5) years.	
Attach a copy of the certificate of completion.	
NAME - PROVIDER	
PHONE () -	
MAILING ADDRESS - No. & Street/P. O. Box	
CITY	STATE
ZIP CODE -	
COMPLETION DATE - -	HOURS COMPLETED

SECTION D – FUNERAL SERVICE INTERNSHIP (Required if applying under Mortuary School Graduate)

Training received for credit while attending a mortuary science program cannot be credited under this section. Must have assisted with at least 50 embalming's, 50 funeral directing's and 50 funeral arrangements, as a New Mexico Licensed Funeral Service Intern. Submission of quarterly case reports by the due dates noted on the report form is required in order for the cases to be counted.										
NAME – FUNERAL/COMMERCIAL ESTABLISHMENT										
PHONE () -										
MAILING ADDRESS - No. & Street/P. O. Box										
CITY	STATE									
ZIP CODE -										
INCLUSIVE DATES OF TRAINING From: / / To: / /	NUMBER OF CASES YOU ASSISTED WITH FOR THE FOLLOWING CATEGORIES: EMBALMINGS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table> FUNERAL DIRECTING <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table> FUNERAL ARRANGEMENTS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>									
NAME – FUNERAL/COMMERCIAL ESTABLISHMENT										
PHONE () -										

MAILING ADDRESS - No. & Street/P. O. Box		
CITY	STATE	ZIP CODE -
INCLUSIVE DATES OF TRAINING From: / / To: / /		NUMBER OF CASES YOU ASSISTED WITH FOR THE FOLLOWING CATEGORIES: EMBALMINGS <input type="text"/> FUNERAL DIRECTING <input type="text"/> FUNERAL ARRANGEMENTS <input type="text"/>

SECTION E – OUT-OF-STATE EMPLOYMENT HISTORY

Mortuary School Graduate – Provide out-of-state employment history for the practice of funeral service (if applicable).
Credentials – Provide out-of-state employment history for no less than five (5) years out of the last ten (10) years of active practice as a Funeral Service Practitioner or its equivalent.
FORM A “Verification of Employment” is required to be completed and returned to the Board Office.

NAME - FUNERAL ESTABLISHMENT		PHONE () -
MAILING ADDRESS - No. & Street/P. O. Box		
CITY	STATE	ZIP CODE -
INCLUSIVE DATES OF EMPLOYMENT From: / / To: / /		
NAME - FUNERAL ESTABLISHMENT		PHONE () -
MAILING ADDRESS - No. & Street/P. O. Box		
CITY	STATE	ZIP CODE -
INCLUSIVE DATES OF EMPLOYMENT From: / / To: / /		
NAME - FUNERAL ESTABLISHMENT		PHONE () -
MAILING ADDRESS - No. & Street/P. O. Box		
CITY	STATE	ZIP CODE -
INCLUSIVE DATES OF EMPLOYMENT From: / / To: / /		
NAME - FUNERAL ESTABLISHMENT		PHONE () -
MAILING ADDRESS - No. & Street/P. O. Box		
CITY	STATE	ZIP CODE -
INCLUSIVE DATES OF EMPLOYMENT From: / / To: / /		

SECTION F – LICENSURE

Required if you now have or have ever been licensed for the practice of funeral service or its equivalent, valid or invalid, active or inactive, etc., in this state or any other state.
FORM B “Verification of Licensure” is required to be completed and returned to the Board Office **for out-of-state licensure**.

STATE	LICENSE NO.	DATE ISSUED / /	LICENSE CATEGORY	STATUS OF LICENSE

SECTION G – THE FOLLOWING QUESTIONS MUST BE ANSWERED

1. Have you been convicted of an offense punishable by incarceration in a state penitentiary or federal prison?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you been denied a license to practice funeral service, direct disposition or cremation or had any disciplinary action involving the practice of funeral service, direct disposition or cremation in any state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you been involved in any civil litigation involving the practice of funeral service, direct disposition or cremation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you currently more than thirty (30) days in arrears in payment of amounts required to be paid pursuant a judgment and order for support entered against you by a district court or a tribal court in a case brought by the human services department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

FOR ANY "YES" ANSWER TO THE ABOVE QUESTIONS, PROVIDE DETAILS INCLUDING THE OUTCOME ON A SEPARATE COVER, AND ATTACH SUPPORTING DOCUMENTATION INCLUDING, BUT NOT LIMITED TO:

1. Certified copies of the legal documents, certified by the Clerk entering the conviction;
2. Character reference letters from family, friends, colleagues, employer, etc., to include their addresses and phone numbers, which must be originals addressed to the Board and which must be dated within one (1) month from the date this application is signed and submitted to the Board;
3. If you are still on probation, a letter from your Probation Officer outlining the status, which must be original and addressed to the Board and which must be dated within one (1) month from the date this application is signed and submitted to the Board;
4. For question #2, documentation outlining the basis, outcome, and status must be sent directly to this office from the licensing Board(s);
5. For question #4, a certified statement from HSD stating that you are in compliance with the judgment and order for support; and
6. Any other documentation regarding the matter.

For a conviction involving drugs, as a condition for licensure, you acknowledge that when this application is signed and submitted to the Board you authorize the Board to require a urinalysis to be conducted, at your expense, and to have the results forwarded directly to the Board.

A "Yes" answer does not necessarily disqualify an applicant from licensure, however the Board may require additional information and/or clarification, therefore it is important that you provide complete and succinct information. Each case is considered on its own merit.

If you are applying for a temporary license and you answered "Yes" to any question above the application will have to be presented to the Board for approval/disapproval before a temporary license may be issued.

SECTION H – APPLICANT'S ATTESTATION

I acknowledge reading the Rules/Parts & Statute presently administered by the New Mexico Board of Funeral Services and represent and agree that should I be granted the license applied for I shall at all times obey the Rules/Parts & Statute.

Under penalties of perjury, I declare and affirm that the statements made in the forgoing application, including notarized documentation, are true, complete and correct. I understand that any false or misleading information in or in connection with, my application may be cause for denial or loss of licensure.

SIGNATURE (Sign before Notary Public)	DATE / /
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State of: _____
 County of: _____

Before me on this ____ day of _____, 20 ____, personally appeared the above named applicant who being by me duly sworn upon oath says that all the acts, statements and answers contained in this application are true and correct.

Notary: _____

Expiration Date: _____
 (SEAL)

FOR INDIVIDUALS UNDER THE "AMERICAN'S WITH DISABILITY ACT" needing special testing accommodations for the examination(s) please check here and indicate on a separate page what accommodations are needed.

The application review process averages approximately three (3) weeks. Therefore, if you do not receive a status letter after three (3) weeks please contact the Board Office.

All requested information is essential and must be provided. Failure to present a completed application by omitting information sought or having less than a full and complete disclosure, will result in delay or cause return of the application. The board shall neither approve nor deny an application until it is received in proper form, contains the information required by law and as requested by this form. The responsibility for completing the application is solely that of the applicant. The burden of proof in satisfying the Board that you are entitled to a license is upon you. **THE BOARD DOES NOT HAVE THE AUTHORITY TO GRANT A WAIVER OF ANY REQUIREMENT.**

JURISPRUDENCE EXAMINATION – Prior to licensure an applicant must print and successfully complete the jurisprudence exam from the Board's website www.rld.state.nm.us

IF THIS APPLICATION IS INCOMPLETE UPON ONE (1) YEAR OF RECEIPT, THE APPLICATION AND SUPPORTING DOCUMENTATION WILL BECOME NULL AND VOID AND THE FEES WILL BE FORFIETED.