



INSTRUCTIONS FOR FUNERAL SERVICE INTERN LICENSURE (FSI - General)

Application Fee - \$200.00 - per license type

All licensing information provided is public information

On behalf of the New Mexico Board of Funeral Services, we are pleased you have chosen New Mexico as a place to practice funeral services.

Please review the rules regarding licensure requirements. If you do not qualify, you will not be granted licensure and you will forfeit your application fee.

Upon receipt of the attached application and the required **\$200.00** application fee (per license type) you will be sent a status letter indicating any missing documentation for the completion of your application. Once all documentation is received your application will be sent to the Board's Application Committee or designee for approval. If your application meets all requirements and is approved by the committee your license will be issued in three working days of the committee's approval.

Applicants that are not approved by the committee or designee will be presented at the next regularly scheduled Board of Funeral Services board meeting. The Board generally meets quarterly throughout the year. *Applicants who go before the New Mexico Board of Funeral Services should expect a period of approximately three months for a decision (approval/denial).*

Please inform the board of any address, phone number or email address changes. Changes can be communicated to the board office in writing by U.S. Mail, fax or e-mail. If you have any questions, contact the Board office at (505) 476-4622 or e-mail Funeral.Board@state.nm.us

REQUIREMENTS FOR LICENSED FUNERAL SERVICE INTERN – (General Supervision):

- **\$200.00** initial license fee (per license type). *All fees are non-refundable.* Payment can be made by check, cashier's check or money order. (No cash or credit cards are accepted in the board office).
- Must be at least 18 years of age
- Completed Funeral Service Intern (General Supervision) Application
- 2"x2" Passport style photo
- High School Diploma.
- Certificate showing completion of approved contagious and infectious disease course.
- Must submit an Authorization for Release of Information from to the New Mexico Department of Public Safety
- Passage of the Jurisprudence Examination.
- Proof of completion of 50 embalming's and / or completion of 50 funeral arrangements and directing of at least 50 funerals. Depending on the type of license applied for. Proof needs to be sent on quarterly reports from the establishment.



- Verification of licensure for applicants who hold or held a license in another state of jurisdiction. The verification must be mailed directly from the issuing state directly to the New Mexico Board Office. Please check with the issuing state, they may charge a fee.
- Verification of Employment for the last five years of practice as a Funeral Service Intern or its equivalent.

LICENSURE FOR MILITARY SERVICE MEMBERS, SPOUSES AND VETERANS:

- A completed application and corresponding fee pursuant to 16.63.8 NMAC.
- Satisfactory evidence that the applicant is currently licensed in another jurisdiction, including a branch of the United States Armed Forces, and holds a current license in good standing; the applicant further must provide satisfactory evidence that the applicant has met the minimal licensing requirements in that jurisdiction and that they are substantially equivalent to the licensing requirements for New Mexico licensees in social work.
- Proof of honorable discharge (DD214) or military ID card or accepted proof of military spouse status.
- At time of renewal, applicant will be required to meet all other requirements for licensure as defined in 16.64.13 NMAC

CHECKLIST OF DOCUMENTATION REQUIRED FOR ALL APPLICANTS:

- Completed, signed, original application (no copies). Applications are valid for one year from date of receipt.
- Passport quality photo (2x2), taken within the last six months.
- Application fee of \$200.00 (per license type) payable to the New Mexico Board of Funeral Services. Application fees are non-refundable. (No cash or credit cards are accepted in the board office)
- High School Diploma.
- Contagious and infectious disease certificate
- Take and pass the New Mexico Jurisprudence Examination.

Quarterly reports showing proof of arranging at least 50 funerals and direct at least 50 funerals. (Arranging & directing license only)

Quarterly reports showing the completion of at least 50 embalming cases. (Prep & Embalming license only)

- Form A:** Verification of employment - If you've held a license in New Mexico or another state or jurisdiction a verification of employment from all employers in the last 5 years must be sent directly to the office from the employer.
- Form B:** Verification of licensure - If you hold a license in another state or jurisdiction a verification of licensure from all must be sent directly to the office from the other state(s) board, must attest to the status, issue date, expiration date, license number, and other information contained on the form.
- Authorization for Release of Information** form must be completed, notarized and mailed directly to the NEW MEXICO DEPARTMENT OF PUBLIC SAFETY at P.O. BOX 1628, SANTA FE, NM 87504-1628. *Form must be sent with a check or money order in the amount of \$15.00 made payable to DPS*





FUNERAL SERVICE INTERN (FSI-GENERAL)

\$200.00 Application Fee (per license type)

I am applying for:

- FSI General (Arranging & Directing)
 FSI General (Preparation & Embalming)
 Military Expedited License (*Must have active license in another state or jurisdiction*)

ALL FEES ARE NON-REFUNDABLE.

ALL LICENSING INFORMATION IS PUBLIC INFORMATION

Attach a Passport
Quality Photo Here

Please Write Name on
Back of Photo

PERSONAL INFORMATION					
LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX		
NAME AS YOU WOULD LIKE IT TO APPEAR ON OFFICIAL LICENSE OR CERTIFICATE					
MAILING ADDRESS					
CITY		STATE	ZIP CODE		
PERSONAL PHONE			BUSINESS PHONE		
EMAIL		<input type="checkbox"/> PERSONAL OR <input type="checkbox"/> BUSINESS			
DATE OF BIRTH		PLACE OF BIRTH			
BUSINESS INFORMATION					
NAME OF SUPERVISING FUNERAL SERVICE PRACTITIONER				LICENSE NO	
NAME OF LICENSED FUNERAL ESTABLISHMENT WHERE YOU WILL BE WORKING				LICENSE NO	
ESTABLISHMENT MAILING ADDRESS - No. & Street				ESTABLISHMENT PHONE #	
CITY		STATE	ZIP CODE		
LICENSURE INFORMATION: List all states or jurisdictions in which you are or have been licensed, regardless of current status. Form A is required from each jurisdiction. (attach additional pages if necessary):					
STATE/ COUNTRY	OBTAINED BY EXAM/CREDENTIALS/ RECIPROCITY	LICENSE NUMBER	FIRST INITIAL ISSUE DATE	LICENSE STATUS	EXPIRATION DATE
BCD USE ONLY:					
RECEIVED ON:	AMOUNT	PROCESSED BY:	RECEIPT NO:	CHECK/MO #	



EDUCATION		
Completion of high school its equivalent or greater is required. You must request that official transcripts be sent by the school to the Board Office.		
SCHOOL NAME –		PHONE
MAILING ADDRESS - No. & Street/P. O. Box		
CITY	STATE	ZIP CODE
GRADUATION DATE	DEGREE RECEIVED:	<input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> G.E.D. <input type="checkbox"/> COLLEGE
CONTAGIOUS AND INFECTIOUS DISEASES TRAINING		
Proof of completion of approved contagious and infectious diseases course. Must have been completed within one (1) year of the date the application is submitted.		
Check one if eligible - <u>Must attach a copy of the certificate of completion:</u>		
<input type="checkbox"/> Graduated from an accredited school of funeral service education within five (5) years prior to application; OR <input type="checkbox"/> New Mexico licensed Funeral Service Intern under direct supervision and previously submitted proof of an approved course concerning contagious and infectious diseases and you actively maintained a Funeral Service Intern license for no more than five (5) years.		
NAME - PROVIDER		PHONE
MAILING ADDRESS - No. & Street/P. O. Box		
CITY	STATE	ZIP CODE
COMPLETION DATE	HOURS COMPLETED	
EMPLOYMENT HISTORY		
Provide out-of-state employment history for the last five (5) years of active practice as a Funeral Service Intern or its equivalent. FORM A - Verification of Employment (attached) must be completed and returned by employer directly to the Board Office.		
NAME – FUNERAL/COMMERCIAL ESTABLISHMENT		PHONE
MAILING ADDRESS - No. & Street/P. O. Box		
CITY	STATE	ZIP CODE
DATES OF EMPLOYMENT From: _____ To: _____		
NAME – FUNERAL/COMMERCIAL ESTABLISHMENT		PHONE
MAILING ADDRESS - No. & Street/P. O. Box		



CITY	STATE	ZIP CODE
DATES OF EMPLOYMENT		
From:		To:

QUESTIONS – THE FOLLOWING QUESTIONS MUST BE ANSWERED

Read the following carefully, **Circle Yes or No**. “Yes” answers for questions require an explanation and a copy of the final judgment order.

NOTE - 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.

1.	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?	YES	NO
2.	Have you been involved in any civil litigation involving the practice of funeral service, direct disposition or cremation?	YES	NO

AFFIDAVIT/APPLICANT’S ATTESTATION

I hereby certify that I have read and completed this application, that the information contained herein is true to the best of my knowledge, that I am not physically or psychologically dependent on alcohol or drugs, and that I understand that any falsification or misrepresentation made within this application may be grounds for denial of my application or action against my license. I hereby authorized the Regulation and Licensing Department and its agents to investigate any statements made by me in this application, including checking criminal, civil and administrative records. I declare under penalty of perjury that the statements made on this form are true and complete to the best of my knowledge.

Signature of Applicant

Date

Signature of Supervising Funeral Service Practitioner

Date





REQUEST FOR VERIFICATION OF EMPLOYMENT (FORM A)

This form is required to be completed and returned **directly** to the Board Office, by the employer.

SECTION A – Applicant information (Section A to be completed by applicant)			
LAST NAME	FIRST NAME	MIDDLE INITIAL	SUFFIX
APPLICANTS SIGNATURE			
MAILING ADDRESS			
CITY	STATE	ZIP CODE	
PERSONAL PHONE		BUSINESS PHONE	
DATE OF BIRTH	EMAIL		
SECTION B – EMPLOYER (ESTABLISHMENT) (Section B to be completed by Employer)			
The applicant named above is being considered for licensure in the practice of funeral service in the State of New Mexico. To formally and officially verify applicant’s credentials please complete Section B.			
This certifies that applicant above practiced funeral services in the State/Territory of: _____			
The above named Applicant practiced funeral service as follows:			
NAME OF EMPLOYER (ESTABLISHMENT)		BUSINESS OR MESSAGE PHONE () -	
MAILING ADDRESS - No. & Street/P. O. Box			
CITY	STATE	ZIP CODE -	
NAME OF APPLICANT’S SUPERVISOR		LICENSE TYPE HELD BY SUPERVISOR	
INCLUSIVE DATES OF APPLICANT’S EMPLOYMENT	FROM / /	TO / /	



APPLICANT	<input type="checkbox"/> WAS IN GOOD STANDING	<input type="checkbox"/> WAS NOT IN GOOD STANDING * Provide a detailed explanation under Other Information, or by separate cover, if Applicant was <i>not</i> in good standing.
-----------	---	--

Describe in detail the duties the Applicant performed:

Other Information:

SECTION C – ATTESTATION AND CERTIFICATION

I certify that the above information is correct and true and that this is the entity authorized to provide such verification.

Signature of Employer

Date

State of _____

County of _____

BEFORE ME on this _____ day of this _____ month, 20____ personally appeared the above names applicant who, being by me duly sworn upon oath, states that all statements and answers contained in this application are true and correct.

Notary Public

My Commission Expires





REQUEST FOR VERIFICATION OF LICENSURE (FORM B)

This form is required to be completed and returned **directly** to the Board Office, at the above address, by the licensing board.

SECTION A – Applicant information (Section A to be completed by applicant)			
LAST NAME	FIRST NAME	MIDDLE INITIAL	SUFFIX
APPLICANTS SIGNATURE			
MAILING ADDRESS			
CITY	STATE	ZIP CODE	
PERSONAL PHONE		BUSINESS PHONE	
DATE OF BIRTH	EMAIL		
SECTION B – STATE/TERRITORY LICENSURE (Section B to be completed by licensing board)			
The applicant named above is being considered for licensure in the practice of funeral service in the State of New Mexico. To formally and officially verify applicant’s credentials please complete Section B. Please add additional form or sheet of paper if the applicant was issued more than one license type.			
This certifies that applicant above practiced funeral services in the State/Territory of: _____			
License Type:	License #:	Date Issued:	Expiration Date:
Current license status: Active <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive <input type="checkbox"/>			
Suspended** <input type="checkbox"/> Revoked** <input type="checkbox"/> Other (Explain) <input type="checkbox"/>			
PLEASE ANSWER THE FOLLOWING QUESTIONS			
1. At the time of licensure, the applicant took and passed the National Board Examination?			YES
			NO
2. License or registration was based upon:			
<input type="checkbox"/> Examination <input type="checkbox"/> Endorsement <input type="checkbox"/> Other, please explain Exam passed: _____ State/province: _____ Date exam taken _____			



3. Did your board verify that this individual holds a Mortuary Science degree?	YES	NO
4. Was the degree issued by a program accredited by American Board of Funeral Service?	YES	NO
5. The license or registration is currently? <input type="checkbox"/> Active <input type="checkbox"/> Expired <input type="checkbox"/> Other, please explain <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive		
6. Has this individual ever been subject to disciplinary action that is public information?	YES	NO
7. Is there any pending disciplinary action against this individual that is public information?	YES	NO
8. Are there any unresolved complaints that are public information regarding this individual?	YES	NO
9. If questions 7, 8, or 9 were answered "yes", please provide an explanation below:		
10. Is there other information that your agency can share with us about the candidate that might effect a Board licensure decision?		
SECTION C – ATTESTATION AND CERTIFICATION		
I certify that the above information is correct and true and that this is the entity authorized to provide such verification.		
PRINT NAME	TITLE	
SIGNATURE	DATE	
<p>(BOARD SEAL Stamped here)</p>		





DEPARTMENT OF PUBLIC SAFETY / P.O. BOX 1628 / SANTA FE, NM 87504-1628
ATTN: RECORDS \$15.00 PER RECORD CHECK

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____
NAME (MUST BE PRINTED-LEGIBLY) (SSN #) (DOB)

PURSUANT TO NMSA 1978, SECTION 29-10-6(A) (Repl. Pamp. 1990), OF THE NEW MEXICO ARREST RECORD INFORMATION ACT, HEREBY APPOINT: NEW MEXICO BOARD OF FUNERAL SERVICES

NAME (MUST BE PRINTED) (IF NO AGENT, PRINT "SELF")

ADDRESS: P.O. Box 25101, Santa Fe, NM 87504

AS AN AUTHORIZED AGENT FOR ME FOR THE PURPOSE OF INSPECTING (AND /OR OBTAINING COPIES OF) ANY NEW MEXICO ARREST FINGERPRINT CARD SUPPORTED ARREST RECORD INFORMATION MAINTAINED BY THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING INFORMATION CONCERNING FELONY OR MISDEMEANOR ARRESTS AND INFORMATION OBTAINED FROM RELEVANT FINGERPRINT DATABASES.

TO THE CUSTODIAN OF THE RECORDS IN QUESTION, I HEREBY DIRECT YOU TO RELEASE SUCH INFORMATION TO THE AUTHORIZED AGENT AS DESCRIBED ABOVE.

I HEREBY RELEASE THE CUSTODIAN OR CUSTODIANS OF SUCH RECORDS AND THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING ANY OF THEIR AGENTS, EMPLOYEES, OR REPRESENTATIVES IN ANY CAPACITY, FROM ANY AND ALL CLAIMS OF LIABILITY OR DAMAGE OF WHATEVER KIND OR NATURE, WHICH AT ANY TIME COULD RESULT TO ME, MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE BECAUSE OF COMPLIANCE BY SAID CUSTODIAN OR CUSTODIANS WITH THIS "AUTHORIZATION FOR RELEASE OF INFORMATION" AND MY REQUEST CONTAINED HEREIN FOR THIS RELEASE OR BECAUSE OF ANY USE OF THESE RECORDS. THIS RELEASE IS BINDING, NOW AND IN THE FUTURE AND IS VALID FOR A PERIOD OF UP TO 120 DAYS FROM THE DATE SIGNED, ON MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE.

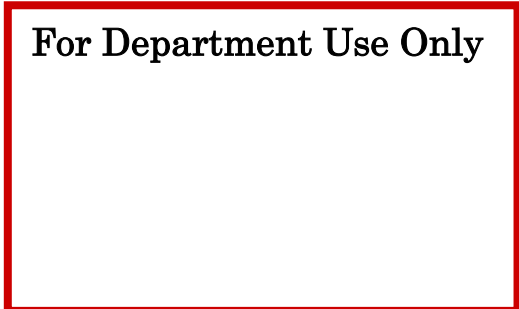
APPLICANT SIGNATURE: _____

DATE: _____

(*ATTN: NOTARY-ENSURE DOCUMENT IS SIGNED BY BOTH APPLICANT AND PARENT (GUARDIAN) IN YOUR PRESENCE AND NAME, DOB, SOC INFO IS VERIFIED WITH A VALID ID)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 20_____.

(SEAL) _____
(NOTARY PUBLIC)
MY COMMISSION EXPIRES: _____.





NMRLD

NEW MEXICO
REGULATION &
LICENSING DEPARTMENT

STATE OF NEW MEXICO
MICHELLE LUJAN GRISHAM, GOVERNOR
Linda M. Trujillo, Superintendent
John Blair, Deputy Superintendent

State Laws and Regulations Examination

NAME _____
(Print Name)

Circle the answer which is MOST correct.

1. A burial on private property is permitted by law in New Mexico if:

- A. The family marks the grave
- B. The property has been designated as private family burial space through the county clerk
- C. The attending physician will allow it
- D. All the children of the deceased so desire

2. A funeral service practitioner must require that a burial transit permit be executed for:

- A. All in state burials
- B. All out of state burials
- C. All burials, whether in state or out of state
- D. All in state, rural burials

3. The New Mexico Board of Funeral Services must meet at least:

- A. Three times a year
- B. Four times a year
- C. One time a year
- D. Two times a year

4. 24 hours after death, a dead human body must be:

- A. Embalmed and aspirated
- B. Embalmed and cosmeticized
- C. Embalmed or refrigerated

5. By accepting a license to practice funeral service in New Mexico:

- A. A practitioner allows permission to the board inspector to enter his establishment without legal process
- B. Agrees to not be licensed in another state
- C. Cannot practice another profession
- D. All the above



6. Which of the following areas are NOT permissible for continuing education credits in New Mexico?

- A. Lectures given by a practitioner
- B. Attendance at seminars
- C. Attendance at a relative's funeral
- D. Attendance at a State Board Meeting

7. The New Mexico Board of Funeral Services is made up of

- A. Three funeral service practitioners, one nurse, a doctor and a minister
- B. A public representative, a health representative, two funeral directors and a doctor.
- C. Two public representatives, three funeral service practitioners, and a health care representative
- D. Six persons either licensed to practice funeral service or having had 5 years of experience in funeral service

8. WHICH of the following best answers whose authorizations are necessary to permit a crematory to proceed with cremation of a human remains?

- A. The attending physician and the immediate next of kin
- B. The medical investigator and the attending physician
- C. The immediate next of kin, and the medical investigator
- D. The health department and the medical investigator

9. "Calcination" means:

- A. The slow aging process of human bone
- B. The encasement of a human body by a protective enclosure
- C. The process where a body is reduced by intense heat to a residue less substantive than cremation
- D. Cremation of a human remains where the only residual particles are calcium compounds

10. Which of the following are correct requirements for continuing education?

- A. Twelve contact hours between April 1st and May 31st
- B. Ten contact hours between April 1st and May 31st
- C. Ten contact hours between July 1st and June 30th
- D. Ten contact hours between January 1st and December 31st

11. A funeral establishment must notify the state board office if:

- A. A substantial change in ownership occurs
- B. A fully licensed practitioner is no longer associated with the establishment
- C. The practitioner in charge has moved away
- D. All of the Above



12. Which one of the following are NOT legal authorizations for embalming?

- A. A legal next of kin
- B. The Office of the Medical Investigator
- C. An airline requirement
- D. The person assuming responsibility for final disposition
- E. C & D

13. Every funeral firm in New Mexico must provide the funeral arranger (s)

- A. A casket invoice
- B. A warranty on protective caskets
- C. The price of the service and merchandise purchased
- D. One free copy of the death certificate

14. Which of the following items are required in an embalming room?

- A. A head rest
- B. A foot board
- C. An Aspirator
- D. All the Above
- E. A & C

15. Quarterly reports for funeral service interns are due in the Board office when:

- A. Thirty days from September 30th, December 31st, March 31st and June 30th, inclusive
- B. On September 30th, December 31st, March 31st, and June 30th
- C. June 30th and December 31st, Only
- D. Each month as they are completed

16. If a licensee applies for Inactive Status, the licensee will lapse if not reactivated in:

- A. Five Years
- B. Two Years
- C. Three Years
- D. None of the Above

17. Regulations require that a chapel in which funeral services are conducted shall be a minimum of:

- A. 600 square feet
- B. 800 square feet
- C. Two times the size of the lobby area



D. Large enough to comfortably seat at least 60 people

18. Regulations require that an embalming room be:

- A. A minimum of 100 square feet
- B. A minimum of 150 square feet
- C. Large enough to hold at least 4 human bodies
- D. Large enough to permit an embalming table to be fully rotated (360 degrees)

19. Who has complete supervision over field inspection and enforcement of the provisions of the Funeral Services laws and regulations?

- A. The Chairman of the Board
- B. The Regulation and Licensing Dept.
- C. The Health Dept.
- D. The Office of the Medical Investigator

20. Should any person violate the Funeral Services license law or any rule or regulation of the Board is guilty of a misdemeanor, upon conviction shall be punished by a fine of:

- A. Not less than \$250.00 nor more than \$5,000
- B. Not less \$100.00 nor more than \$1,000.00
- C. A sum equal to the injustice involved
- D. \$100 for the first offense, \$500 for the second offense and \$5,000.00 and the suspension of the license for the third offense.

21. Under what authority do the members of the State Board hold office?

- A. By election from members of the New Mexico Funeral Service Association
- B. By appointment from the Legislative Finance Committee
- C. By appointment from the Governor of New Mexico
- D. By selection of licensees from the Board Administrator

22. How long must a person be licensed and in good standing in another state to apply by reciprocity as an FSP?

- A. 1 years
- B. 4 years
- C. There is no minimum
- D. 2 years



23. All bodies shall be refrigerated at a temperature to not exceed?

- A. 35 degrees Fahrenheit
- B. 40 degrees Fahrenheit
- C. 30 degrees Fahrenheit
- D. 50 degrees Fahrenheit

24. A casket display room shall not be less than ____ sq. feet inside wall to inside wall?

- A. 200 square feet
- B. 400 square feet
- C. 450 square feet
- D. 550 square feet

25. Each licensee must renew their license annually by what date?

- A. July 1st
- B. June 30th
- C. August 28th

Signature: _____ **Date:** _____

