

TEMPORARY LICENSE APPLICATION FOR RECIPROCITY



I hereby make application to the
LOUISIANA STATE BOARD OF EMBALMERS
AND FUNERAL DIRECTORS
STATE OF LOUISIANA
3500 N. Causeway Blvd. Suite 1232, Metairie, LA 70002

for an _____ Embalmer and Funeral Director License or a _____ Funeral Director License
in accordance with State Law and Board requirements

My name is: _____ Phone # _____

My Social Security Number is: _____ Date of birth is: _____

My home address is: _____
Street or P. O. Box Number City State Zip Code

My mailing address is: _____

I graduated from _____ High School at _____

I successfully completed an accredited Mortuary Science program at:

(Name of Mortuary School, location, and date of graduation)

I hold license no. _____ issued by the State of _____ Date _____

I hold license no. _____ issued by the State of _____ Date _____

I took the National Board Exam at _____ Date _____

PLEASE CHOOSE an OPTION below regarding the wall certificate:

_____ Please hold my certificate, I prefer to pick up from the office.

_____ Please mail my certificate to the address above; **I understand that there is an additional fee of \$10.00 required for certified return receipt postage.** Please note that the address above must be correct and someone will need to be available for acceptance of the package.

I promise and agree that if this application is accepted and I should be granted a license to practice the science of Embalming and the business of Funeral Directing that I will at all times lead a temperate life, obey the laws of the State and the rules and regulations of the Louisiana State Board of Embalmers and Funeral Directors and the requirements of the Department of Health and Hospitals.

I also promise to maintain the honor and dignity of the profession. It is understood and agreed that if I should fail to keep the above agreements, or if I have made any false statements in the above application that my license may be suspended or revoked by the Board at any time.

I further acknowledge and agree that any separate statements which I may sign and present to the Board in connection with actual embalming experience or in regard to a reciprocal license or any other matter relative to an embalmer and funeral director's license are hereby made a part of this application.

Signature _____
Full name of Applicant

Signed and Dated at

_____ City State

This the _____ day of _____
Month/Year

State of _____

County of _____

Name _____ the above named person, personally known to me, signed the application in my presence and being duly sworn, he/she states that he/she read the above application and that the statements which he/she made therein are true to the best of his/her knowledge, information, and belief.

_____ My Commission expires _____
Notary Public

The applicant herein, under oath, and any person subscribing to this application in recommendation thereof, hereby certifies that the applicant has never been convicted of any misdemeanor, felony, or other violation of law and is not now, nor has he/she ever been addicted to narcotics, alcohol, or other unlawful stimulants, except _____

You must respond to the above inquiry by stating "YES" with an explanation or "NONE" if the statement does not apply.

Initials of Applicant: _____

Any discovered misstatements given herein will bring about the immediate cancellation of any license granted to the applicant.

\$350.00 Fee must be enclosed with application (= \$100.00 temporary license fee + \$250.00 license fee)
License application must be fully completed, notarized and returned with the required paperwork and fees.
Questions which do not pertain to you should be answered "None" or "Not Applicable".
Any application which is not fully completed will be returned to the applicant.

CERTIFICATES OF RECOMMENDATION (Three (3) are required)

THIS IS TO CERTIFY that I have been acquainted with the applicant named herein and I know him/her to be of good moral character and excellent reputation in the community, reliable and qualified as an applicant to be an applicant for an embalmer and funeral director's certificate.

State of _____

County of _____

Years acquainted _____

whose name appears opposite on this page,
being sworn says: That the above statement
that he/she signed is true to the best of his/
her knowledge and belief.

Signed: _____

Address: _____

Notary Public

Date: _____

My commission expires: _____

State of _____

County of _____

Years acquainted _____

whose name appears opposite on this page,
being sworn says: That the above statement
that he/she signed is true to the best of his/
her knowledge and belief.

Signed: _____

Address: _____

Notary Public

Date: _____

My commission expires: _____

State of _____

County of _____

Years acquainted _____

whose name appears opposite on this page,
being sworn says: That the above statement
that he/she signed is true to the best of his/
her knowledge and belief.

Signed: _____

Address: _____

Notary Public

Date: _____

My commission expires: _____

PLEASE NOTE: The above recommendations are NOT the same as the required statements below. The signatures above are attesting to the applicant's personal character.

Thank you for your interest to reciprocate with Louisiana.

Before a temporary license can be issued, and before an individual can begin to practice in Louisiana, items one thru nine listed below, must be received in the board's office for review and approval.

1. ___ Permit fee of \$100.00.
2. ___ License fee of \$250.00
3. ___ Letter from the Louisiana employer stating the date employment begins.
4. ___ Copy of embalming school diploma or transcript.
5. ___ Copy of high school diploma or transcript or GED certificate. **A copy of a college transcript will not be accepted in lieu of the high school requirement.**
6. ___ Copy of license in good standing issued by another state, province, or jurisdiction recognized by this Board.
7. ___ Letter from your last out of state employer stating dates of employment and reason for leaving employ. Needs to be on funeral home letterhead stationary.
8. ___ * Two (2) notarized statements (see below) of two separate individual responsible persons attesting that applicant has not ceased the practice of the science of embalming/funeral directing for not less than one year during the prior three (3) year period before submitting an application to the board for a license in Louisiana.
9. ___ Temporary license application
10. ___ **Certified** copy of scores from The Conference. **A copy will not be accepted.**
11. ___ Two (2) weeks prior to expiration of the temporary license, a letter from your employer is required regarding your employment progress.

Upon receipt of the above, a temporary license, which will be in effect for not less than three (3) months and no longer than six (6) months from issue date, will be granted.

Please note – an individual working under a temporary license does not have the authority to manage a funeral home. Management of a funeral home MUST be with a Louisiana license.

A temporary licensee will be required to take the LRR (Louisiana Rules Regulations) Exam. Please visit the Board's website at www.lsbefd.state.la.us for more information. Once the temporary license has been granted, applicant has three (3) to no more than six (6) months in which to successfully complete the Louisiana Rules/Regulations exam (LRR). Should the applicant not successfully complete the LRR exam within this time frame, a fee and application will need to be resubmitted for an extension of the temporary license.

Please see below for statements required:

***A temporary license is issued to an individual who has held a license from another state for at least one (1) year. A temporary license WILL NOT be issued on a license received less than one (1) year. If the license from another state is issued less than one (1) year, the options for receiving a Louisiana license are: (1) practice and maintain the license for one (1) year after issuance of the license in the State of licensure or (2) register for and successfully complete an internship in Louisiana.**

\$350.00 Fee must be enclosed with application (= \$100.00 temporary license fee + \$250.00 license fee)

Please note that this Board will file a formal request to the state upon which a license has been issued for a certification and/or verification of said license. A fee may be required by the issuing state for processing the certification and/or verification of said license, it is your responsibility to secure payment with that state's authority in order to have the license certified and/or verified.

Statement 1

_____ has not ceased the practice of:
Name of applicant

_____ the science of embalming and the profession of funeral directing

Or

_____ the profession of funeral directing

For a period of not less than one (1) year during the prior three (3) year period.

Signature of a co-worker/employee from the out of state establishment

Printed name

SWORN AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____.

SEAL

Notary Public

Number: _____

My Commission expires: _____

Statement 2

_____ has not ceased the practice of:
Name of applicant

_____ the science of embalming and the profession of funeral directing

Or

_____ the profession of funeral directing

For a period of not less than one (1) year during the prior three (3) year period.

Signature of a co-worker/employee from the out of state establishment

Printed name

SWORN AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____.

SEAL

Notary Public

Number: _____

My Commission expires: _____