

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

Please refer to LA R.S. 37:842. D. E. under Regulations upon our website at www.lsbefd.state.la.us

Name: _____ Telephone number: _____
(In case we need to contact you re this application)

Social Security Number: _____ Date of birth is: _____

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

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 _____

Funeral home of employment in LA: _____
Name of establishment address telephone number

License application must be fully completed, notarized and returned
to include the required paperwork and fee.

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.

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 _____

Parish 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.

Notary Public My Commission expires _____

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. If stating "YES" provide 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)

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 agency in order to have the license certified and/or verified.

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.

CERTIFICATES OF RECOMMENDATION (Three 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 _____

Parish of _____

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.

Notary Public

My commission expires: _____

Years acquainted _____

Signed: _____

Address: _____

Date: _____

State of _____

Parish of _____

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.

Notary Public

My commission expires: _____

Years acquainted _____

Signed: _____

Address: _____

Date: _____

State of _____

Parish of _____

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.

Notary Public

My commission expires: _____

Years acquainted _____

Signed: _____

Address: _____

Date: _____

Thank you for your interest to reciprocate with Louisiana.

Before you can be issued a temporary license, and before you can begin to practice in Louisiana, items one thru ten listed below, must be received in the board's office.

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.
6. ____ Copy of license in good standing issued by another state, province, or jurisdiction recognized by this Board that has been issued for no less than 1 year.
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 statement or statements (see below) of two responsible persons attesting that applicant has not ceased the practice of the science of embalming/funeral directing not less than one year during the prior three (3) year period before submitting an application to the board for a license in Louisiana. MUST be licensed for at least 1 year.
9. ____ Temporary license application
10. ____ **Certified** copy of scores from The Conference. A copy will not be accepted.

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.

Please see below for statements required:



Statement 1 – This statement is based on LA R.S. 37:842. D. E.

_____ holds an active license from _____ and **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

With said license for a period of not less than one (1) year during the prior three (3) year period.

Signature

Printed name

SWORN AND SUBSCRIBED BEFORE ME
THIS _____ DAY OF _____.

SEAL

Notary Public

Number: _____

My Commission expires: _____

Statement 2 – This statement is based on LA R.S. 37:842. D. E.

_____ holds an active license from _____ and **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

With said license for a period of not less than one (1) year during the prior three (3) year period.

Signature

Printed name

SWORN AND SUBSCRIBED BEFORE ME
THIS _____ DAY OF _____.

SEAL

Notary Public

Number: _____

My Commission expires: _____