TEMPORARY LICENSE APPLICATION

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 and/or a Funeral Director License
in accordance with State Law and Board requirements

General Instructions and Important Notice: Completion of this application form, seven (7) pages total, is necessary for consideration for licensure as an embalmer and funeral director in Louisiana, according to LA R.S. 37:831. PLEASE RETURN ALL SEVEN (7) PAGES OF THIS APPLICATION. Failure to disclose all requested information may result in this form not being processed and may subsequently result in denial of this application. All candidates for initial licensure and renewal have a continuing obligation to update and supplement the information and responses on this application if they change. Failure to supplement the information and responses provided on this application may result in denial or other appropriate action. All information provided must be accurate. Please note that the information provided on this application is subject to the public information laws of this jurisdiction with the exception of social security numbers, date of birth, grades from any tests or transcripts and telephone numbers.

Carefully follow the directions on this application form. In addition, please note the following:
1) Type or print legibly with black or blue ink only.
2) Disclosure of your U.S. social security number is mandatory. The social security number will be provided to the Department of Child and Family services to assist in the identification of persons who are delinquent in complying with a child support order, spousal support/alimony order or in the repayment of educational loans.
3) If the name shown on your supporting documents is different from that shown on your application, you must submit proof of legal name change, a copy of your marriage license, divorce decree, affidavit or court order.

Supporting Documentation and Fees checklist:
_____ Temporary License application
_____ Applicable fee - $250.00 (please add $15.00 if you choose the mail option, see below)
_____ Temporary license permit fee - $100.00 (non-refundable)
_____ High school diploma, transcript or GED equivalent
_____ Copy of transcript or diploma from the mortuary science program/school (program MUST be accredited by the ABFSE– American Board of Funeral Service Education)
_____ Copy of license in good standing issued by another state, province, or jurisdiction recognized by this Board that has been issued for not less than 1 year. This Board will file a formal request for verification of the applicant’s license with the state of licensure. It is the applicant’s responsibility to verify if a fee is applicable to the state board of licensure and secure the payment so that verification can be made.
_____ Certified copy of NBE or SBE or LRR scores sent directly from the ICFSEB. A copy will NOT be accepted. Applicant MUST contact The Conference to request scores be forwarded to this office.
_____ Letter from the Louisiana employer stating the date employment begins.
_____ Letter from your last out of state employer stating dates of employment and reason for leaving employ.
_____ Two (2) notarized statements 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. (An example statement follows the application below).
Applicant MUST have a license for at least one (1) year prior to submitting this application. Internships do not count for licensure status.

Your application is NOT considered complete until all supporting documents and fees have been received by the Louisiana State Board of Embalmers and Funeral Directors. If required items are being forwarded directly from an entity listed above, please call or email this office for receipt verification. This office will NOT hold an application and fees while awaiting the delivery of requested items.

DO NOT SUBMIT THIS APPLICATION UNTIL ALL DOCUMENTS HAVE BEEN VERIFIED AS RECEIVED OR THIS MAY RESULT IN THE RETURN OF THIS APPLICATION.

PLEASE CHOOSE an OPTION below regarding the wall certificate (dimensions are 14 x 17 and suitable for framing):

- Please hold my certificate, I prefer to pick up from the Board’s office.
  
  Please include a telephone number below for notification that the certificate is ready for pick up.

- Please send my certificate to the mailing address below; I understand that there is an additional fee of $15.00 required for certified return receipt postage. Please note that the mailing address below must be correct and a signature will be required for acceptance of the package.

**PART I: PERSONAL**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Date of birth</th>
<th>Male</th>
<th>Female</th>
<th>Telephone / contact number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Certificate to be mailed to: $15.00 fee must be included

Email

Identify any maiden name, surname, or any other names or aliases you have been known by or used and identify the reason for your name change:

Are you a U.S. citizen? YES NO

If you answered no to the above, please specify if you are: a qualified alien (as defined in 8 U.S.C.A. §1641), a nonimmigrant under the Immigration and Nationality Act (8 U.S.C.A. §§1101 et seq), an alien who is paroled into the United States under *U.S.C.A. §1182 (d)(5) for less than one year, a foreign national not physically present in the United States. If other, please explain:

**PART II: EDUCATION** – List the educational institutions attended that satisfy the educational requirement for licensure:

- High School/GED institution attended

- Mortuary Science program attended accredited by the American Board of Funeral Service Education (ABFSE); Degree (official transcript required); date graduated;
PART III: LICENSE IN OTHER JURISDICTIONS/STATES

I hold license no. ___________________ issued by the State of _______________________________ Date ______________________

I hold license no. ___________________ issued by the State of _______________________________ Date ______________________

I hold license no. ___________________ issued by the State of _______________________________ Date ______________________

PART IV: EXAMINATION INFORMATION

Have you passed the National Board Exam (NBE) administered by The International Conference of Funeral Service Examining Boards (ICFSEB)?  _______ YES    _______ NO

If so, Month and year passed: __________________________________________________________________

*You must have a certified copy of your NBE results sent to this licensing agency directly from the ICFSEB.

PART V: PAST DISCIPLINARY ACTION

Have you ever had any license to practice embalming, funeral directing, or any other regulated profession, revoked, suspended, fined, placed on probation, reprimanded, or otherwise disciplined by any regulator authority in this state or any other state of jurisdiction? ______ YES     ______ NO

Do you have any actions pending? ______ YES     ______ NO

PART VI: CRIMINAL HISTORY

Have you ever been convicted of a misdemeanor or a felony in this or any other state, local jurisdiction, or any other foreign country, or are criminal charges currently pending against you? ______YES     ______NO

If yes, attach an explanation that included the type of violation, the date, circumstances and location and the complete penalty received. Also include copies of court documents, arrest records, verification of restitution received by the court and verification of successful completion of probation. You must include all misdemeanor and felony convictions regardless of the age of the conviction including those which have been set aside and/or dismissed. Traffic violations of $500.00 or less need not be reported.

PART VII: CERTIFYING STATEMENT

I hereby certify under penalty of perjury that I have read this application in its entirety. The responses and attached materials I have provided are true and accurate to the best of my knowledge. I further certify that I am of good moral character and have reviewed and will at all times comply with all applicable state laws, rules and regulations governing the
license I am seeking to obtain. I hereby and direct any person, agency, firm, or other entity, to release upon request of the
Louisiana State Board of Embalmers and Funeral Directors, any information, communication, report, record, statement,
recommendation or disclosure that may have bearing on my eligibility for or continuance of the license for which I am
applying. I understand that by signing this application, I am authorizing the release of information about me that may
otherwise be protected and confidential.

Additionally, I understand and agree that any false information, misrepresentation, or omission of facts in this application and
during the application process is cause for denial of this application.

Signature____________________________________________

Full name of Applicant

Signed and Dated at

________________________________________________________________________________________

City                                        State

This the ________ day of ______________________

Month/Year

State of _____________________________________

Parish/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.

________________________________________________________________________________________

Notary   Public

My Commission expires_______________________

Any discovered misstatements given herein will bring about the immediate cancellation of any license granted 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 for an embalmer and funeral director and/or a funeral director’s certificate. Each signature MUST be notarized.

State of _____________________________
Parish of ____________________________

_____________________________________
Signed: _____________________________________________
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: ________________________

State of _____________________________
Parish of ____________________________

_____________________________________
Signed: _____________________________________________
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: ________________________

State of _____________________________
Parish of ____________________________

_____________________________________
Signed: _____________________________________________
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: ________________________
Upon receipt and review 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 refer to the regulations on our webpage, specifically, LA R.S. 37:842 and Title 46, Chapter 7, 707. All of the requirements listed herein above are outlined within the regulations.

- **A temporary license holder MUST be employed with a Louisiana licensed funeral establishment.**
- **A Louisiana licensee can only practice if employed with a Louisiana licensed funeral establishment.**
- **An individual holding a Louisiana license and who is practicing outside of Louisiana does not have the authority to practice (hold services or burials) in Louisiana if the licensee is not employed with a Louisiana licensed funeral establishment. If this is the case, then it is required that a Louisiana licensed funeral establishment be contacted to handle or assist with services to be provided in Louisiana.**
- **Please refer to the regulations for further information.**

INFORMATION IS OUTLINED THOROUGHLY UPON OUR WEBSITE AND BY THE FREQUENTLY ASKED QUESTIONS.

YOU ARE RESPONSIBLE FOR REVIEWING AND FOLLOWING THE REGULATIONS WHICH ARE LOCATED UPON OUR WEBSITE.

Please see below for the example of required statements; The form below may be utilized for the requirement – TWO (2) statements MUST be completed and submitted with application.
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:_______________