

RECIPROCAL / 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 certain information as required by law.

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. This form may be typed and saved to a computer.
- 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:

- ___ Applicable fee - \$250.00 (please add \$20.00 if you choose the mail option, see below)
- ___ Temporary license permit fee - \$100.00 (non-refundable)
- ___ **PAYMENT total of \$350.00 by check, money order, cashier's check or debit/credit card – DO NOT SEND CASH**
- ___ Letter from the Louisiana employer stating the date employment begins.
- ___ Two (2) notarized statements of two responsible persons attesting that applicant has not ceased the practice of the **Applicant MUST have a licensed for at least one (1) year prior to submitting this application. Internships will not count for licensure status. Your license will be verified by the state from which reciprocation is being made.**
- ___ Letter from your last out of state employer stating dates of employment and reason for leaving employment.
- ___ **A license will not be issued if any of the following has not been received prior to the expiration date of the temporary permit.**
- ___ 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.
- ___ Applicant MUST submit the attached certification of license verification form to the license board for the license held in another state, province, or jurisdiction for confirmation. **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 completed.**
- ___ Certified copy of NBE, SBE and/or LRR scores sent directly from the ICFSEB. A copy will NOT be accepted. Applicant MUST contact The Conference to request scores be forwarded directly to this office.

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 confirmation. 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 \$20.00 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

First Name		Middle Name		Last Name	
Social Security Number		Date of birth	Male ____ Female ____	Telephone / contact number	
Street Address		City	State	Zip	
Mailing Address		City	State	Zip	
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 forwarded 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.

_____ My Commission expires _____
Notary Public

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

- Upon receipt, review and approval 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.

- Once you receive your temporary license registration, you are immediately released as eligible to take the LRR examination. Please schedule the examination through the ICFSEB – www.theconferenceonline.org or by calling 479.442.7076. The examination must be successfully passed by the six (6) month expiration date to receive a Louisiana license. If the LRR examination scores are unsuccessful, the temporary license will be expired and practicing will no longer be allowed until the examination has been successfully passed and a Louisiana license has been issued.
- 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 (NOT a TEMPORARY 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.***

PLEASE NOTE:

An individual holding a Louisiana license and who is practicing outside of Louisiana does not have the authority to practice 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.

- ***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 State

_____ 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 in the State of _____.

Signature

Printed name

SWORN AND SUBSCRIBED BEFORE ME
THIS _____ DAY OF _____.

Notary Public County of _____

SEAL

Number: _____

My Commission expires: _____ in the State of _____

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 State

_____ 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 in the State of _____.

Signature

Printed name

SWORN AND SUBSCRIBED BEFORE ME
THIS _____ DAY OF _____.

Notary Public County of _____

SEAL

Number: _____

My Commission expires: _____ in the State of _____

The following form must be sent to the state from which you are reciprocating from and;

PLEASE CONTACT THE STATE BOARD OR COMMISSION TO VERIFY IF A FEE IS REQUIRED FOR THE COMPLETION OF THIS DOCUMENT. IF A FEE IS REQUIRED, YOU ARE RESPONSIBLE FOR PAYING THAT FEE FOR THIS DOCUMENT TO BE COMPLETED AND FORWARDED TO THE LOUISIANA STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS.

This letter MUST be forwarded directly back to this board from the state board or commission. It will not be accepted from the licensee.

This letter MUST be received before a license will be issued.



Louisiana State Board of Embalmers
And Funeral Directors

Suite 1232, The Executive Towers
3500 N. Causeway Blvd. 70002
Metairie, LA 70002
504.838.5109

Fax: 504.838.5112
www.lsbefd.state.la.us
Toll free: 888.508.9083

CERTIFICATION of LICENSE

I, _____ (name of certifier), _____ (title)

Certify that _____ (name of applicant)

was granted: embalmer and funeral director license number _____ or

funeral director license number _____

on the _____ day of _____, _____, which expires on the _____ day of

_____, _____.

This Board considers the applicant to be in _____ good standing _____ not in good standing at this time.

If disciplinary action has been taken, please provide copies of relevant documents.

**I HEREBY CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT BASED UPON THE
RECORDS OF THE _____.**
State Board

Date: _____

Signature of Executive Director/Official

Printed Name

STATE / BOARD
SEAL

This form MUST be forwarded directly to the Louisiana State Board of Embalmers and Funeral Directors from the state licensing board for which you hold a valid license.