MONTANA BOARD OF FUNERAL SERVICE

LICENSURE REQUIREMENTS FOR MORTICIAN, CREMATORY OPERATOR AND CREMATORY TECHNICIAN

THIS IS AN INFORMATION SUMMARY SHEET ONLY. THE APPLICANT IS RESPONSIBLE FOR READING THE COMPLETE STATUTES AND RULES PRIOR TO MAKING APPLICATION.

A. GENERAL INFORMATION

1) Must submit a complete and notarized application.
2) Must submit a passport type photo of self.
3) Allow 10-14 days for licensure from the date the Board has a complete application file.

B. REQUIREMENTS FOR MORTICIAN INTERN/MORTICIAN

1) Submit a $150 application fee.
2) Must submit a certified copy of the final transcript of completion of 60 semester credit hours or 90-quarter credit hours from an accredited college or university. This must be mailed directly to the Board from the college or university.
3) Must submit a certified copy of the final transcript from an accredited college of mortuary science. This must be mailed directly to the Board from the college or university.
4) Must submit certification directly from the Conference of Funeral Service Examining Boards showing successful completion of the national board examination.
5) Two letters of reference establishing good moral character.
6) Must pass the jurisprudence examination on Montana laws and rules.
7) Must serve a one-year internship under a licensed Montana Mortician after passing the jurisprudence examination.
8) A mortician intern sponsor form must be completed by the licensed mortician sponsoring the intern and returned with a $100 mortician intern license fee after the intern has successfully passed the jurisprudence exam.
9) A $60 original license fee is required after internship has been completed prior to issuance of a mortician's license.

C. REQUIREMENTS FOR MORTICIAN LICENSING FROM ANOTHER STATE

1) $150 Application fee
2) Verification of license must be sent to the Montana Board directly from the licensing state where applicant holds or has held a funeral director, mortician or embalmer's license.
3) Must submit a certified copy of the final transcript of completion of 60 semester credit hours or 90-quarter credit hours from an accredited college or university. This must be mailed directly to the Board from the college or university.
4) Must submit a certified copy of the final transcript from an accredited college of mortuary science. This must be mailed directly to the Board from the college or university.
5) Must submit certification directly from the Conference of Funeral Service Examining Boards showing successful completion of the national board examination.
6) Must pass a jurisprudence examination on Montana laws and rules.
7) A $60 original license fee is required after examination is successfully passed.

D. REQUIREMENTS FOR CREMATORY OPERATOR

1) $150 application fee.
2) Must be at least 18 years of age.
3) Must be a high school, or equivalency program graduate.
4) Certified transcripts, degrees, or certificates of completion must be submitted directly from the high school and/or college.
5) There is no original license fee.
6) Applicant must be of good moral character, as shown by the submission of two letters of reference, one of which must be from a licensed mortician.

E. REQUIRMENTS FOR CREMATORY TECHNICIANS

1) $150 application fee.
2) Must submit name of Crematory facility where applicant will be employed.
3) Must submit name of supervising licensed crematory operator or mortician.
4) Must submit summary of training to be completed by applicant, including subject areas, method of testing, length of training and name of person providing training.
5) There is no original license fee.

Submit application to:

MONTANA BOARD OF FUNERAL SERVICE
CHERYL BRANDT, BOARD ADMINISTRATOR
301 S PARK 4TH FLOOR ROOM 428
P O BOX 200513
HELENA MONTANA 59620-0513
(406) 841-2394
FACSIMILE (406) 841-2305
E-MAIL dlibsdfnr@mt.gov
WEBSITE: http://funeral.mt.gov

MONTANA BOARD OF FUNERAL SERVICE

301 S PARK 4th FLOOR ROOM 428
P. O. Box 200513
Helena, Montana 59620-0513
(406) 841-2393 FAX (406) 841-2305
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WEBSITE: http://funeral.mt.gov

Application for Licensure as:
- ☐ **Mortician**
- ☐ **Mortician Intern**
- ☐ **Crematory Operator**
- ☐ **Crematory Technician**

Application by:
(Mortician Only)
- ☐ **Examination**
- ☐ **License from Another State**

Upon receipt and approval of all required information pertaining to this application, a license will be issued in approximately 10-14 days.

1. FULL NAME _____
   Last First Middle

2. OTHER NAME(S) KNOWN BY _____

3. BUSINESS NAME:_____

4. BUSINESS ADDRESS _____
   Street or PO Box # City and State Zip Country

5. HOME ADDRESS _____
   Street or PO Box # City and State Zip Country

   PREFERRED MAILING ADDRESS: ☐ Business ☐ Home E-MAIL ADDRESS _____

6. TELEPHONE ___(_____)_____(_____)_____(_____)_____
   Business Home Fax

7. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____

8. DATE OF BIRTH _____ PLACE OF BIRTH _____ ☐ MALE ☐ FEMALE
   City/State

9. LICENSE NAME_____
   (State your name as it should appear on the license if granted.)

Please complete the next three questions if applicable.

10. NAME OF MORTUARY WHERE EMPLOYED_____ LIC. NO._____

11. NAME OF SUPERVISING MORTICIAN/CREMATORY OPERATOR _____ LIC. NO._____

12. NAME OF CREMATORY WHERE EMPLOYED _____ LIC. NO._____

Please answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a Supplement Sheet.

13. If taking an examination, do you have any physical or mental impairment(s) requiring special accommodation(s)? If yes, attach a detailed explanation. ☐ Yes ☐ No

14. Have you ever taken the licensure examination in Montana or any other state? If yes, give state, date, and results. ☐ Yes ☐ No

15. Have you ever been denied the right to take this profession's licensing examination in any state? If yes, attach a detailed explanation. ☐ Yes ☐ No

16. List all professional/occupational licenses, registrations, or certificates granted to you.

State/Province/Territory	License Number	Date Issued	Current	Type of License

17. **EDUCATION** :
    a. University or College Education.
    Name & Address of institution_____

    Dates attended_____ Degree Earned & Date_____

    University or College Education.
    Name & Address of institution_____

    Dates attended_____ Degree Earned & Date_____

    b. Mortuary Science Education.
    Name & Address of Institution_____

    Dates attended_____ Degree Earned & Date_____

    Name & Address of Institution_____

    Dates attended_____ Degree Earned & Date_____

18. Has a licensing agency ever taken adverse or disciplinary action against your license (certificate)? If yes, attach a detailed explanation. ☐ Yes ☐ No

19. Has your license (certificate) ever been forfeited or surrendered? If yes, attach a detailed explanation. ☐ Yes ☐ No

20. Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct? If yes, attach a detailed explanation. ☐ Yes ☐ No

21. Has any legal or disciplinary action been filed against you which relates to the propriety or your fitness to practice this profession? If yes, attach a detailed explanation. ☐ Yes ☐ No

22. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? If yes, attach a detailed explanation. ☐ Yes ☐ No

23. Do you have criminal charges pending or have you ever pled guilty or been convicted of a crime (including a plea of no contest or deferred prosecution) relating to, or committed during the course of your professional practice, involving violence, use or sale of drugs, fraud, deceit, or theft, whether or not an appeal is pending? You may omit: (1) traffic violations for which you paid a fine of $100.00 or less and (2) charges or convictions prior to your 16th birthday. If yes, attach a detailed explanation. ☐ Yes ☐ No

24. Have you ever been charged with fraud, formally or informally, in any civil proceeding? If yes, attach a detailed explanation. ☐ Yes ☐ No

25. Have you any physical or mental condition, which has in the past three years adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation. ☐ Yes ☐ No

26. Have you, within the last three years, used alcohol or any other mood-altering substance in a manner which adversely affected your ability to practice this profession? If yes, attach a detailed explanation. ☐ Yes ☐ No

I authorize the release of information concerning my competence to practice, by anyone who might possess such information, to the Montana licensing board.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

_____ _____
Legal Signature of Applicant Dated

Subscribed and sworn to by me this _____ day of _____, _____at

_____.
City/State

_____
Notary Public

SEAL

_____
For the State of

My commission expires _____, _____.

VERIFICATION OF LICENSURE

THIS IS NOT AN ENDORSEMENT CERTIFICATION

PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE MORTUARY SCIENCE. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.

STATE BOARD:

I am applying for a license to practice mortuary science in the State of Montana and the Funeral Service Board requires this form to be completed by each state wherein I hold or have ever held licensure. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **BOARD OF FUNERAL SERVICE, P. O. BOX 200513, HELENA, MT 59620-0513**. Your early response is appreciated.

_____ Name:_____
(Signature) (Please print)

Address:_____

My License Number is:_____

DO NOT DETACH -- THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE BOARD OF FUNERAL SERVICE

State of:_____

Full Name of Licensee:_____

License No._____ Issue Date:_____

By: National Boards_____ Reciprocity/State Exam_____

License is current?_____ Active_____ Inactive_____ If NO, explain_____

Has license been suspended, revoked, on probation or otherwise disciplined?_____

If YES, explain and attach documentation._____

Has licensee ever been requested to appear before your Board?_____

If YES, explain_____

Derogatory information, if any_____

Comments, if any_____

Signed:_____

Title:_____

BOARD SEAL

State Board:_____

Date:_____

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MORTICIAN INTERN SPONSOR FORM

FEE FOR INTERN LICENSE MUST ACCOMPANY THIS FORM: $100

NAME OF INTERN_____

SPONSORING MORTICIAN_____

SPONSORING MORTICIAN'S LICENSE #_____

NAME OF MORTUARY_____

MORTUARY'S LICENSE #_____

ADDRESS_____

CITY/ST/ZIP_____

PHONE_____

SPONSORING MORTICIAN_____ DATE_____
SIGNATURE