

STATE OF MAINE
BOARD OF FUNERAL SERVICE
APPLICATION FOR LICENSURE

- PRACTITIONER TRAINEE
 - PRACTITIONER



Department of Professional and Financial Regulation
Office of Licensing and Registration
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8626
Office Facsimile: (207) 624-8637
HEARING IMPAIRED (888) 577-6690
Internet: www.maine.gov/professionallicensing

Office located at: 76 Northern Avenue, Gardiner, Maine

APPLICANT INFORMATION GUIDE

The application material you have requested from the Board of Funeral Service is enclosed. It contains all the relevant materials you need to complete your application for licensure in the State of Maine. Please read all the information carefully. If you have any questions after reading this packet, please call or e-mail our office.

FURNISHED TO APPLICANT

- Application Guide for Licensure
- Individual License Application
- Supervisor Approval Form
- Verification of Licensure
- Accommodation Request Form
- State Written Examination Study References and Links

ADDITIONAL RESOURCES

- Licensing Law for Funeral Practitioners

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.

Available: <http://www.mainelegislature.org/legis/statutes/32/title32ch21sec0.html> or call (207) 624-8626

- Licensing Rules for Funeral Practitioners

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#331> or call (207) 624-8626

- Licensing Rules for the Department of Professional and Financial Regulation

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041>

- Statutory Authority, Titles 5 & 10

Available: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

APPLICATION PROCEDURE

- Please submit your application materials to the Board by mail or hand delivery to our offices. Fax submissions will not be accepted. If the application you submit to us is complete, it will be reviewed and processed in the order it was received.
- If there are deficiencies with your application, you will be notified by mail.
- Please do not call our office regarding the status of your application. Information regarding the status of applications may be found at the Office of Licensing & Registration's website: <http://www.maine.gov/pfr/professionallicensing>. We appreciate your thoughtful attention to this request.

PRACTITIONER TRAINEE

A practitioner trainee means a person who is engaged in preparing to become licensed for the practice of funeral service under the personal supervision and instruction of a person duly licensed for the practice of funeral service, and who is duly registered as such and approved by the board.

All applicants must submit the following:

- Completed and signed Individual License Application;
- Payment of a Licensure Fee of \$50.00;
- Payment of a Criminal History Check Fee of \$21.00;

Note: All fees can be in one payment.

- Copy of Birth Certificate;
- Proof of completion of high school or its equivalent; and
- Completed Supervisor Approval Form.

Upon submission of the above requirements, your application will be reviewed. Upon approval of your application, your Practitioner Trainee License will be issued and you will be entered into the Apprenticeship Council so that you may serve your 2000 on-the-job training hours at the licensed establishment. You will be contacted by the Apprenticeship Council as to the procedures for doing your training.

PRACTITIONER

A Funeral practitioner shall mean any licensed person engaged or holding themselves out as engaged in embalming and/or funeral directing, whether on their own behalf or in the employ of another, and shall include any person who shall use, in connection with their name, the words "embalmer," "funeral director," "mortician," or "undertaker" or any other words or title implying they are designating themselves to be an embalmer and/or funeral director.

All applicants must submit the following:

- Completed and signed Individual License Application;
- Payment of a Licensure Fee of \$200.00;
- Payment of a State Written Examination Fee of \$75.00;
- Payment of a State Practical Examination Fee of \$75.00;
- Payment of a Criminal History Check Fee of \$21.00;

Note: All fees can be in one payment.

- Copy of birth certificate (if not submitted previously);
- Proof of completion of high school or its equivalent (if not submitted previously);
- Transcript(s) documenting completion of one (1) year of mortuary school and one (1) year of college or two (2) years of mortuary school;
- Written proof of successful completion of the apprenticeship program; and
- Written proof of successful completion of the National Conference Examination.

Upon submission of the above requirements, your application will be reviewed. Upon approval, you will be notified of the procedure for taking the State Written and State Practical examination(s). Upon successful completion of both examinations, you will be granted licensure as a Practitioner of Funeral Service.

APPLICANTS LICENSED IN ANOTHER STATE

A Funeral practitioner shall mean any licensed person engaged or holding themselves out as engaged in embalming and/or funeral directing, whether on their own behalf or in the employ of another, and shall include any person who shall use, in connection with their name, the words “embalmer,” “funeral director,” “mortician,” or “undertaker” or any other words or title implying they are designating themselves to be an embalmer and/or funeral director.

All applicants must submit the following:

- Completed and signed Individual License Application;
- Payment of a Licensure Fee of \$200.00;
- Payment of a State Written Examination Fee of \$75.00;
- Payment of a Criminal History Records Check Fee of \$21.00;

Note: All fees can be in one payment.

- Official documentation of successful completion of the National Conference Examination;
- Official transcript(s) documenting completion of one (1) year of mortuary school and one (1) year of college or two (2) years of mortuary school;
- Written documentation that the applicant has been in active practice in another state for at least three years immediately preceding application in Maine. (As proof, the Board will accept letters from employers that the applicant is actually engaged in their employment.);
- Letter of recommendation from a member of the funeral service licensing board of the applicant’s home jurisdiction (In lieu of this requirement the board will accept a verification of licensure);
- Two letters of recommendation from licensed practitioners of funeral service in the applicant’s home jurisdiction;
- Completed Verification of Licensure from state(s) in which you hold or previously held licensure; and
- Statute and Rules from sending state.

Upon submission of the above requirements, your application will be reviewed. Upon approval, you will be notified of the procedure for taking your State Written examination. Upon successful completion of this examination, you will be granted licensure as a Practitioner of Funeral Service.

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035.
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 a.m. to 5:00 p.m. weekdays.
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How can I check the status of my application?** You can check our website: www.maine.gov/professionallicensing/license_search.htm.
- **How far back do I go answering the criminal conviction question?** Any conviction, ever.
- **Can I fax my application?** No.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application including the criminal background disclosure question.
- Sign and date your application.
- Include the required fee(s). Make checks payable to "Maine State Treasurer" or complete the credit card section on the application. **DO NOT SEND CASH.**
- Make a copy of your application to keep for your records.



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE ()	FAX ()	E-MAIL	

CRIMINAL BACKGROUND DISCLOSURE

NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.

1. Have you ever been convicted by any court of any crime? (circle one) NO YES
If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.

2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) NO YES
If yes, enclose a detailed explanation and copies of all documents.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Licensing and Registration will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE	DATE
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Board of Funeral Service		Office Use Only:	
Please Select License Type:		1421 - \$200.00	
<input type="checkbox"/> Practitioner (PR1421)	Required Fee: \$296 or \$371 (includes Criminal History Records Check Fee)	1421 - \$50.00	
<input type="checkbox"/> Trainee (TR1421)	Required Fee: \$71 (includes Criminal History Records Check Fee)	2686 - \$75.00	
		2686 - \$75.00	
		2619 - \$21.00	
		<i>Office Use Only:</i>	
		Check # _____	
		Amount: _____	
		Cash # _____	
		Lic. # _____	
Rev. 7/2008			

PAYMENT OPTIONS:			
Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:			
NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Dept. of Professional and Financial Regulation, Office of Licensing and Registration to charge my			
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	the following amount: \$ _____	
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>
SIGNATURE	DATE		

ESTABLISHMENT INFORMATION

Name of Establishment: _____

Address of Establishment: _____

City: _____ State: _____ Zip Code: _____

EDUCATION INFORMATION

Name of Institution _____

Location _____

Dates Attended: from _____ to _____

Degree: _____ Date of Degree: _____

CREDENTIALING HISTORY

Do you currently hold or have you previously held a license or registration in any jurisdiction?

YES NO

If yes, please complete the following:

State: _____ License #: _____

Date Issued: _____ Expiration Date: _____

AFFIRMATION

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Licensing and Registration will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

Signature of Applicant

Date



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Funeral Service
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

ANNE L. HEAD
DIRECTOR

SUPERVISOR APPROVAL FORM

Name of applicant: _____

Type of license/registration being applied for: Attendant Practitioner Trainee

Name of Funeral Establishment Employed By: _____

Address of Funeral Establishment: _____

City: _____ State: _____ Zip Code: _____

License number of Funeral Establishment: _____

Telephone number of Funeral Establishment: _____

Practitioner responsible for the training/supervision of the applicant: _____

Practitioner's license number: _____

If the above applicant is being registered as an attendant, please list the name(s) of all funeral establishments in which the attendant will be working:

Name of Establishment	License Number
_____	_____
_____	_____
_____	_____
_____	_____

THIS SECTION TO BE SIGNED BY THE PRACTITIONER RESPONSIBLE FOR THE PRACTITIONER TRAINEE/ATTENDANT.

I hereby certify that I will be responsible for the Practitioner Trainee/Attendant.

Signature of Practitioner: _____

Printed Name of Practitioner: _____ Date: _____



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(888) 577-6690 (HEARING IMPAIRED)
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GARDINER, MAINE

FAX: (207)624-8637



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VERIFICATION OF LICENSURE

State completing form: _____

This is to certify that the following information was taken from the records maintained by the State Board listed above.

Name of applicant: _____

Address of applicant: _____

City: _____ State: _____ Zip Code: _____

The above named person is licensed in the State of _____ as follows:

License type: _____ License number: _____

Date issued: _____ Expiration date: _____

The issuance of this license was based on:

Education: _____

National Conference Examination? Yes No

Additional requirements: _____

This licensee is in good standing with no disciplinary action taken against him/her.

Yes No

Comments: _____

Printed Name and Title of Authorized Person: _____

Signature of Authorized Person: _____

Date: _____

Board Seal



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ACCOMMODATION REQUEST FORM

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission.

Name: _____	
Address: _____	
Telephone #: _____	Social Security Number: _____

Accommodations Requested for the _____ Examination.

Disability _____

Please check all that apply

- Accessible Testing Site**
- Separate Testing Site**
- Braille**
- Large Print**
- Tape**
- Reader as Accommodation for Visual Impairment**
- Scribe/Amanuensis as Accommodation for Visual or Motor Impairment**
- Reader as Accommodation for Learning Disability**
- Scribe/Amanuensis as Accommodation for Learning**
- Sign Language Interpreter**
- Extended Time**
 - Time-and-a-half**
 - Double time**
 - More than double time (specify) _____**
- Use of Computer or Other Adaptive Equipment (specify) _____**
- Other: _____**

Signed and Dated: _____



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DOCUMENTATION OF DISABILITY RELATED NEEDS

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

If you have existing documentation of having the same or similar accommodation provided to you in another test situation, you may submit such documentation instead of having this portion of the form completed.

I have known _____ since _____ in my capacity as a
(Test applicant) (Date)

(Professional title)

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following: (check all types)

- Taped test**
- Large print test**
- Reader**
- Scribe/amanuensis**
- Extended time**
 - Time-and-a-half**
 - Double time**
 - More that double time (please justify) _____**
- Separate Testing Area**
- Use of Computer or Other Adaptive Equipment (please specify) _____**
- Other (please specify) _____**

Signed: _____ **Title:** _____

Date: _____ **License # (if applicable):** _____



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ANNE L. HEAD
DIRECTOR

Announcement Regarding State Written Examination For Applicants Seeking Licensure as Funeral Practitioners

Every applicant seeking licensure as a Funeral Practitioner is required to pass the Board's Written Examination. This examination is scheduled to be administered four times a year at the Department of Professional and Financial Regulation's Office of Licensing and Registration, located at 76 Northern Avenue, Gardiner, Maine. The examination dates for 2009 are listed below. The exam begins at 9:00 a.m.

2009 Schedule: January 7, 2009 / April 1, 2009 / July 8, 2009 / October 7, 2009

The examination will test applicants' knowledge of current state and federal regulations. The following statutes and rules were used to develop the examination questions. Applicants are encouraged to use the references and links below to study for the examination:

Board of Funeral Service:

Statute Reference: 32 MRSA Chapter 21 – Funeral Directors and Embalmers

Link: <http://www.mainelegislature.org/legis/statutes/32/title32ch21sec0.html>

Rules Reference: State Board of Funeral Service (02 331) Chapters 1-16

Link: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#331> (Ref: 02 331)

Maine Department of Human Services:

Statute Reference: 22 MRSA Chapter 707 – Deaths and Burials

Link: <http://www.mainelegislature.org/legis/statutes/22/title22ch707sec0.html>

Rules Reference: Office of Data, Research and Vital Statistics (10 146) Chapters 1 & 5

Link: <http://www.maine.gov/sos/cec/rules/10/chaps10.htm> (Ref: 10 146)

Federal Trade Commission:

Statute Reference: 16 CFR Chapter 1, Part 453 – Funeral Industry Practices

Link: http://www.access.gpo.gov/nara/cfr/waisidx_04/16cfr453_04.html

For more information regarding the examination, please contact Jennifer Hawk, Board Clerk at (207)624-8626.



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