

APPLICATION INSTRUCTIONS

Apprentice Embalmers must submit all required information, as indicated in these instructions, directly to the Board Office.

The Board Office must receive the following to process your application:

- a.** A completed *Apprentice Embalmer Application* including a 2x2 passport type photo and any supporting documentation.
- b.** A copy of applicant's High School Diploma or equivalent.
- c.** A copy of OSHA Certificate showing class was completed within 30 days prior to applying.
- d.** Complete *Apprentice Affidavit Form*.
- e.** Complete notarized *CORI Acknowledgement Form*.
- f.** Total payment of \$31. Payments may be made with a check or money order. Please make checks or money orders payable to The Commonwealth of Massachusetts. **Fees are non-refundable and non-transferable.**

Candidates sending incomplete applications will be notified of any deficiencies by the Board Office. Please retain copies of all paperwork submitted.

REQUEST FOR INFORMATION

Applicants may contact the Board Office to obtain information, ask questions about application processing, or receive status updates by telephone or email.

Telephone: **(617) 701-8612**

E-mail: embalming.funeral@mass.gov

Board staff is available Monday through Friday, 8:45 a.m. to 5:00 p.m.

MAIL COMPLETED APPLICATION MATERIALS TO:

**The Division of Occupational Licensure
Board of Registration of Funeral Directors and Embalmers
1 Federal Street, Suite 0600
Boston, MA 02110**



Commonwealth of Massachusetts
Division of Occupational Licensure
Board of Registration of Funeral Directors and Embalmers
1 Federal Street, 6th Floor
Boston MA 02110
(617) 701-8612
Mass.gov/funeraldirecting

Apprentice Embalmer Application

A. Biographical Information.

Provide your full name date of birth, 2x2 photo, and mailing address. It is very important that this section be completed in full.

First Name Middle Initial Last Name Other (Maiden)

Date of Birth

Social Security Number (Mandatory)

Are you a citizen of the United States? • Yes • No

Have you previously filed an application? • Yes • No

Please attach
a recent
2" x 2"
photograph
here

Print your name as it should appear on your license

Permanent Mailing Address and Contact Information

Street or PO Box

City

State

Zip Code

Telephone Number with Area Code

Fax Number

Email address

Business Name, Mailing Address and Contact Information (MANDATORY)

Business Name

Street or PO Box

City

State

Zip Code

Telephone Number with Area Code

Fax Number

Email address

B. License Verification.
Answer this section completely.

List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information.

C. Disciplinary Questions.
Answer each of the questions listed. **If you answer yes to any, please attach an explanation.** All questions must be answered.

	YES	NO
1. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? If yes, please provide a detailed explanation on a separate sheet of paper.	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any foreign jurisdiction? If yes, please provide a detailed explanation on a separate sheet of paper.	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? If yes, please provide a detailed explanation on a separate sheet of paper.	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? If yes, please provide a detailed explanation on a separate sheet of paper.	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? If yes, please provide a detailed explanation on a separate sheet of paper.	<input type="checkbox"/>	<input type="checkbox"/>

"The Board is certified by the Criminal History Systems Board [ID# MAREG G] to access data about convictions and pending criminal cases. Those records-and other Federal and professional records-may be checked as part of your licensing process. No records are automatic disqualifiers; you will be given an opportunity to discuss any issues with the Board."

D. Education. List name, address, major course, dates attended, degree awarded.

High School:

College or University:

Previous Registration, if any:

Name of Embalming School Attended, if any:

E. Affidavit

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Embalming & Funeral Directing to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to GL c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

Signature of Applicant

Date

F. Sponsor's Information

Name: _____

Registered Embalmer Number: _____

Funeral Establishment: _____

Address: _____

Establishment Number: _____

Apprentice Currently Registered at This Establishment: _____

Employer's Signature: _____

Apprentice Affidavit

The Board is supplying you with the following information in order to insure that you do not violate the statutes (laws) rules and regulations of this agency, which could result in revocation of your registered status. After reading the memo, sign the attached affidavit and return to this office for the Board's records.

1. Apprenticeship is a registered status and as such involves responsibility as well as privileges. You are subject to all of the Board's rules and regulations while you are registered.
2. Registration is limited to two (2) years since this is a pre-requisite to achieve registered status as an embalmer and/or funeral director. Extension beyond the 2-year limit can only be authorized at the discretion of the Board.
3. Apprentice embalmers may make removals, may assist during the embalming procedure, may assist a licensed director in the conduct of a funeral, may supervise visiting hours, drive funeral vehicles and assist in the arranging of a funeral in the presence of a licensed or certified funeral director.
4. Apprentice embalmers may not direct a funeral or carry out any part of a funeral service without the direct supervision of his/her sponsor or a licensed funeral director. He/she may not hold him/herself out as a registered embalmer or licensed funeral director.
5. An apprentice embalmer may not use his/her name in any funeral service advertising.
6. An Apprentice may not work for another funeral service firm on an individual case basis without the knowledge or expressed permission of his/her sponsor.
7. Renewal is a statutory requirement. Any registrant not filing a timely application for renewal will not be credited with the time between the expiration date and the late renewal date. If renewal is not received within 1 year of expiration, a new application must be filed.

Any intern who has a question related to registration, the statutes, rules and regulations or any problem related to funeral service should consult with his/her sponsor, a Board investigator or the Board office.

KEEP TOP COPY FOR YOUR RECORDS

Affidavit

Name (print or type) _____

I certify that I have read and understand the preceding instructions.

Signature _____ Date _____

**EMBALMING AND FUNERAL DIRECTING
CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

The Division of Occupational Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Occupational Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Occupational Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Occupational Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

The Division of Occupational Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me. If subsequent CORI checks are necessary, the Division of Occupational Licensure will provide me with written notice of the subsequent CORI checks.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature

Date

Please provide the name of the board of registration and license type for which you are applying or currently hold:

Board of Registration

License Type

NOTE: THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM WILL NOT BE ACCEPTED UNLESS IT HAS BEEN SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS COMPLETED THE "VERIFICATION BY NOTARY SECTION" ON PAGE TWO, DOCUMENTING THAT SAID NOTARY HAS VERIFIED THE IDENTITY OF THE SIGNER THROUGH SATISFACTORY EVIDENCE OF IDENTIFICATION.

SUBJECT INFORMATION: (A red asterisk (*) denotes a required field)

*Last Name *First Name Middle Name Suffix

*Maiden Name (or other name(s) by which you have been known)

*Date of Birth Place of Birth

*Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____

Driver's License or ID Number: _____ State of Issue: _____

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

IDENTITY VERIFICATION SECTION: Prior to submission to the Board, this Section must be completed.

VERIFICATION BY NOTARY:

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:¹

] Passport Δ State-issued driver's license Δ Military identification Δ State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public:

Notary Commission Expires On _____