

Application for the Funeral Service Practitioner (FSP) Examination January 27 2010

(Last Name) (First) (Middle) (Date of Birth)

Mailing Address (Street or Post Office Address)

(City) (State) (Zip Code)

Telephone Number _____

AFFIDAVIT OF APPLICANT:

In support of this application, I certify that, through apprenticeship or reciprocity, I am an applicant for a license to practice as an FSP. I also certify that (check one box, **if a box is not checked, the form will be returned as incomplete**):

- I am currently licensed as an active FSP apprentice.**

OR

- I am not currently licensed as an active FSP apprentice, but I understand that a person may serve as an FSP apprentice for an aggregate total of not more than 48 months.**

OR

- Pursuant to OAR 830-011-0020(11) I have satisfied the apprenticeship requirements based upon proof that I have practiced as a licensed FSP for two of the past five years or for a total of ten years. (Non-reciprocal applicant.)**

OR

- I am a qualified reciprocal applicant.**

I understand that I may not take the FSP exam until I provide written evidence of graduation from an associate or higher degree program* **OR** proof of four years of licensed FSP or embalmer experience in this state or another state. (*If only submitting written evidence, prior to becoming fully licensed as an FSP, the applicant must submit a certified copy of a transcript demonstrating graduation with an associate or higher degree from a school accredited by a regional association of schools and colleges.)

I hereby agree to abide by all rules and laws pertaining to the Death Care Industry. I understand that any misrepresentation in obtaining a license may, after notice and hearing, result in refusal to issue a license, revocation of a license or other disciplinary action.

- Enclosed find the FSP examination fee of One Hundred Dollars, \$100.00**

Note: The examination fee and **completed** application form must be received in the office of the Board **at least 30 days** before the examination is held, or be postmarked before midnight of that date. OAR 830-020-0000 Pursuant to OAR 830-020-0040(7), this fee is not refundable or transferable.

Printed Name of Applicant

Signature of Applicant, date