

**Office use only:**  
0624 41701 \$50.00 FSP Apprentice

Oregon Mortuary and Cemetery Board  
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Portland OR 97232-2195

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## FUNERAL SERVICE PRACTITIONER (FSP) APPRENTICESHIP CERTIFICATE

As part of your application for an initial or renewed occupational or professional license, certification, or registration issued by the State of Oregon Mortuary and Cemetery Board (OMCB), it is mandatory that you provide your Social Security Number (SS #). The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC § 405(c)(2)(C)(i), and 42 USC § 666(a)(13). Failure to provide your SS # will be a basis to refuse to issue or renew the license, certification, or registration. This record of your SS # will be used for child support enforcement and tax administration purposes (including identification) only, unless you authorize other uses of the number. Although a number other than your SS # appears on the face of the licenses, certificates, or registrations issued by OMCB, your SS # will remain on file with OMCB.

**I hereby apply for an Oregon FSP Apprenticeship Certificate** according to the provisions of ORS 692.190 and submit the following information as evidence of my qualifications for such licensure:

**Print Full Name:** \_\_\_\_\_  
(Last) (First) (Middle)

Current Residential Address: \_\_\_\_\_  
(Street) (City & State) (Zip)

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Personal Email address: \_\_\_\_\_ Work Email address: \_\_\_\_\_

You are **REQUIRED** to provide all residences within the last ten years (including **current** residence). Please list below each residence along with the dates of residence. If necessary, please use a separate sheet of paper, including your name and signature.

Dates	Residential Street Address	City	State	Zip
Mm/yy - mm/yy				
Mm/yy - mm/yy				
Mm/yy - mm/yy				

Birthplace \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(A **certified** copy of applicant's birth certificate **must accompany** this application.)

SS # \_\_\_\_\_ Drivers License # or ID # / State \_\_\_\_\_

**Have you ever used or been known by any other name(s)?** Yes / No

If yes, list all names. Include aliases, maiden, married name(s): \_\_\_\_\_

1. Are you a high school graduate? \_\_\_\_\_ **If yes, attach** satisfactory proof of high school graduation or equivalency. See OAR 830-011-0020(6) for additional information.
2. Do you hold an associate or higher degree from a school accredited by a regional association of schools and colleges? \_\_\_\_\_ (In order to be eligible to take the FSP exam, an applicant for an FSP license must have an associate degree or higher OR proof of four years of licensed FSP or embalmer experience in this state or another state. Proof needs to be on file with the Board office prior to the FSP exam. See ORS 692.045(2), (3) for additional information.)
3. Are you currently enrolled in an accredited funeral service education program? \_\_\_\_\_ If yes, provide the name of school, date of entry, and date you plan to graduate: \_\_\_\_\_

(An FSP apprentice may not receive credit towards their FSP apprenticeship while enrolled in a full-time funeral service education program unless he / she qualifies as a part-time student and receives prior Board approval. See OAR 830-011-0020(4) for additional information.)

**Background Information**

**You must answer completely and truthfully.** (The mere presence of so-called “negative” information in your background is not automatically disqualifying. False statements and misrepresentations, whether by omission or commission, and whether with intent or no intent, are cause for refusal to issue an OMCB License, Certificate or Registration. The more forthright you are, the greater the likelihood your background will be completed in a timely and successful manner.)

**You must sign, number and date the bottom of each supplemental page and / or document you provide.**

If you fail to include all of the required information, staff will return your application as “Incomplete.”

1. Do you currently hold or have you **ever** held, or applied for, any type of occupational or professional license, certification, or registration in Oregon or any other state? **Yes or No:** \_\_\_\_\_  
 If “**Yes**,” list each one below and provide the current status of each.\*

Licensee / Applicant Name	License Type	State	Status

2. As a licensee (or applicant) have you **ever** received a revocation, reprimand, warning, violation, suspension, fine, cancellation (or denial) by any city, county or state licensing agency? **Yes or No:** \_\_\_\_\_  
 If “**Yes**,” you must provide a complete copy of all notice(s), order(s) or charging document(s), and your detailed, complete and accurate written account(s) of the facts and circumstances of each event.\*
3. Have you **ever** been arrested, charged or cited for anything other than traffic violations? **Yes or No:** \_\_\_\_\_  
 (DUI / DUII is not a traffic violation.) If “**Yes**,” you must provide your detailed, complete and accurate written account(s) of the facts and circumstances of each arrest or cite (include any dismissals).\* If possible, attach a copy of the Citation or Report.
4. Have you **ever** been convicted of, or are you currently charged with, committing a crime whether or not adjudication was withheld? **Yes or No:** \_\_\_\_\_

If you answer “**Yes**,” please attach to this application: a) a signed, dated written statement explaining the circumstances of each incident; b) a copy of the charging document; and c) a copy of the official document which demonstrates the resolution of the charges or any final judgments. If not attached, the application may be considered incomplete and returned.

“Crime” includes a misdemeanor, felony or a military offense. (DUI / DUII is a criminal offense.)  
 “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence, or a fine.

5. Have you **ever** entered into a diversion agreement? **Yes or No:** \_\_\_\_\_  
 If “**Yes**,” provide your written, detailed, complete and accurate account of all the facts and circumstances of each diversion agreement.\*
6. Do you have any charges or legal matters that are currently unresolved? **Yes or No:** \_\_\_\_\_  
 If “**Yes**,” you must provide a detailed, complete and accurate written account of the facts and circumstances of each matter currently unresolved.\*

\* When necessary, for each of the questions above, attach additional sheet(s) of paper for your responses.

**You must sign, number and date the bottom of each supplemental page and / or document you provide.**

## **References**

List three personal references who are NOT related to you and who were NOT your employers, supervisors, co-workers or employees. (Include: name, address, zip code and DAYTIME telephone number with area code.)

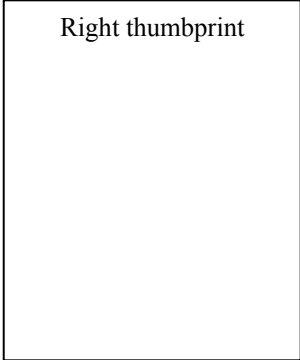
1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

## **Ten Year Employment Information**

You are required to provide ALL previous employers within the last ten years. Please use a separate sheet of paper if necessary and include the following: company name, address, supervisor's name and telephone number with area code and dates of employment. (List full-time, part-time employers, and unemployment dates. If self-employed, supply the name of your business, address, and dates of self-employment.)

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
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\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Identification**



**Attach a photo here.**

A photocopy of a photograph is not acceptable. Picture taken on or about \_\_\_\_\_, 200\_\_.

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**AFFIRMATIVE ACTION**

The Board is a health professional regulatory board as defined in ORS 676.160. Effective January 1, 2002, all health professional regulatory boards must maintain records of the racial / ethnic makeup of their applicants and licensees. Such boards must also endeavor to increase the representation of people of color and bilingual people on the boards and in the professions they regulate. Efforts to comply with these requirements must be reported to the Legislature on a biennial basis. Provision of the requested information is voluntary and not required. ORS 676.400(4). However, your voluntary cooperation will greatly assist the Board in its efforts to ensure universal access to high quality death care services in Oregon. This section does not appear in the renewal applications of those who have already provided racial and ethnic information.

**Race / Ethnic Group** (Please check all that apply.)

- Asian or Pacific Islander: Persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, The Philippine Islands, and Samoa.
  - African American (not of Hispanic origin): Persons having origins in any of the black racial groups of Africa.
  - Hispanic: Persons having origins in any of the Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures, regardless of ethnicity.
  - Native American or Alaskan Native: Persons having origins in any of the original peoples of America, and who maintain cultural identification through tribal affiliation or community recognition.
  - Caucasian (not of Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
  - Other: \_\_\_\_\_
- LANGUAGES: Please list languages, other than English, in which you are proficient, including sign language.

\_\_\_\_\_

**Gender:**       Male       Female

**FUNERAL SERVICE PRACTITIONER APPRENTICESHIP INFORMATION**

If approved, my **FSP apprenticeship** will be served under \_\_\_\_\_  
(Print FSP Supervisor's name ↑)

at the \_\_\_\_\_  
(Name, physical address, city, and license number of funeral establishment ↑)

It is planned that I, \_\_\_\_\_, will work  
(Print FSP Apprentice's name ↑)

from \_\_\_\_\_ to \_\_\_\_\_ on the following days of the week: \_\_\_\_\_  
(hour) (hour)

Funeral service practitioner apprentices are required to serve a twelve-month apprenticeship in Oregon under the personal supervision of an Oregon licensed FSP, are required to work a minimum of 30 hours a week during normal business hours, excluding up to 30 days of vacation time per year, and must assist in the planning of at least 25 funerals or dispositions per year through some form of direct contact with the family or representative of the deceased. The FSP apprentice shall keep, on the premises, a log book showing all arrangements made or participated in by the apprentice. The log book shall be retained for a period of one year after completion of the FSP apprenticeship and shall include the name of deceased, date and place of death, date arrangements were made, apprentice participation with family, and number of days and hours worked per week. The log book shall be furnished to the Board upon request.

Effective January 1, 2008, a person may serve a funeral service practitioner apprenticeship for an aggregate total of not more than 48 months, excluding time lost for interruptions described in ORS 692.190(5). An embalmer apprentice may serve the apprenticeship concurrently with the FSP apprenticeship. The 30 hour time requirement remains the same whether you serve one apprenticeship or a combined apprenticeship.

The certificate of apprenticeship shall be issued to the applicant as an apprentice to a specified licensee. If the apprentice changes establishments or person to whom apprenticed, he / she shall file a request for approval of transfer with the Board immediately.

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**AFFIDAVIT OF LICENSEE**

In the event an **FSP Apprenticeship Certificate** is granted to the above apprentice applicant,

I, \_\_\_\_\_, License Number \_\_\_\_\_,  
(print FSP Supervisor's name ↑)

as a licensed FSP in the State of Oregon for at least one year, agree to permit said applicant to serve his / her FSP apprenticeship under my supervision, at the above named funeral establishment. I understand that I am responsible for monitoring my apprentice's training throughout their apprenticeship period. I understand that if my FSP apprentice makes any arrangements for a deceased person, I am responsible for any arrangements made by my apprentice. I understand that I must be working at and located in the same licensed facility as the apprentice I am supervising. I understand that if I, or my apprentice, ceases work at the current facility, the apprenticeship certificate shall become null and void. It is my responsibility as supervisor to notify the Board's office in writing of any termination in apprenticeship.

\_\_\_\_\_  
(FSP Supervisor's signature)

\_\_\_\_\_  
(Date)

**Certification**

**Please read the following before signing.**

I hereby acknowledge that the foregoing information may be used in accordance with ORS 692.025(7), which provides that all applicants for licenses must consent to a background investigation. The information solicited may be from the Department of State Police, Department of Motor Vehicles, Credit information, personal references, previous employer interviews and other sources.

I authorize the use of my SS # for obtaining necessary investigative background information.

I authorize an investigation of all statements made by me as well as my personal character, reputation and background which may include interviews of former employers, acquaintances and references, credit review, criminal record review, motor vehicle record review or other available information.

I understand that any misrepresentation or omission of fact on my application or supplementary background materials shall be cause for refusal to issue an Oregon License or Certificate.

I understand that an **incomplete application will be returned** to the facility.

I understand that a person may serve as an FSP apprentice for an aggregate total of not more than 48 months, excluding time lost for interruptions described in ORS 692.190(5).

I understand that once I have successfully met all requirements for licensure, I will need to complete and submit the apprenticeship completion form with the required licensing fee(s).

I understand that all certificates of apprenticeship expire on December 31st of each year.

I certify that all statements I have made on this application and other supplementary materials are true and correct to the best of my knowledge and belief.

Finally, I agree to comply with Oregon's Laws and Administrative Rules pertaining to the Death Care Industry.

**YOUR SIGNATURE MUST BE NOTARIZED.**

\_\_\_\_\_  
(Signature of Applicant) (Date)

Before me personally appeared \_\_\_\_\_ who is known  
(print applicant's name)

to be the identical person who **signed** this application on this date \_\_\_\_\_, 20\_\_.

NOTARY SEAL

\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
(County / State)

## APPLICATION FOR APPRENTICESHIP CERTIFICATE INSTRUCTIONS

This completed application **must be** accompanied by the following items, or it will be considered incomplete and the application will be returned to the facility:

- Application fee, \$50.00.
- A certified copy of applicant's birth certificate.
- Satisfactory proof of high school graduation or equivalency OR satisfactory evidence of an equivalent of a high school education received in some private, public, or trade school.
- If military service is one of the last three employers, please provide a Military Separation Paper, showing beginning and ending dates for each term of active duty in the armed forces.

The effective date of the apprenticeship shall be the date the completed application and the required certificates are received and validated in the office of the Board, as stated in OAR 830-011-0020(7).

The **expiration** date of the apprenticeship certificates will be December 31st. Renewals for apprenticeship certificates are annually and are mailed to the facility on or about November 1st. The renewal fee is \$25 per each certificate of apprenticeship.

### **Funeral Service Practitioner (FSP)**

It is strictly prohibited by Oregon Statute to practice as a FSP until you are fully licensed or certificated as a FSP apprentice. An individual practices as a FSP if the individual for payment is engaged directly or indirectly in supervising or otherwise controlling the transportation, care, preparation, processing and handling of dead human bodies before the bodies undergo cremation, entombment or burial, or before the bodies are transported out of the State of Oregon. Only a FSP or FSP apprentice shall: (a) Work directly with at need persons to arrange for the disposition of human remains; and (b) Coordinate and direct the various tasks associated with performing funeral services for at need persons including but not limited to: taking all vital information on the deceased for the purpose of filing the death certificate; arranging for transportation of the remains; coordinating the services for final disposition; supervising or otherwise controlling the care, preparation, processing and handling of human remains.

An applicant for a FSP license shall be required to pass the Board's FSP examination as a means of providing satisfactory proof to the Board that the applicant has the requisite qualifications for licensing as a FSP in this state. Before being eligible to take the FSP exam, an applicant must provide to the Board's office 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.)

### **Exam Schedule**

The FSP exams are offered in January and July of each year. Due to accounting procedures, we can only accept an exam application and fee between 90 and 30 days prior to the exam date. If an applicant for a license has not received timely notification of an upcoming exam, please contact the Board's Licensing Specialist at 971-673-1507.