

**Office use only:**  
0651 41701 \$160 DCC License

Oregon Mortuary and Cemetery Board  
800 NE Oregon Street, Suite 430  
Portland OR 97232-2195

www.oregon.gov/mortcem  
[mortuary.board@state.or.us](mailto:mortuary.board@state.or.us)  
971-673-1508 phone  
971-673-1501 fax

License #: \_\_\_\_\_

## INITIAL APPLICATION FOR DEATH CARE CONSULTANT LICENSE

As part of your application for an initial or renewed occupational or professional license, certification, or registration issued by the Oregon Mortuary and Cemetery Board (Board), 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 the Board, your SS # will remain on file with the Board.

**I hereby apply for a Death Care Consultant (DCC) License** in Oregon according to the provisions of ORS 692.025, ORS 692.143 and OAR 830-060-0010 and submit the following information as evidence of my qualifications for such licensure:

### SECTION 1: Personal Information

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

**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): \_\_\_\_\_

**Birthplace** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

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

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

**Personal Mailing Address:** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Home Cell** \_\_\_\_\_ **Work Cell** \_\_\_\_\_

**Personal email** \_\_\_\_\_ **Work email** \_\_\_\_\_

**Name to be printed on license:** \_\_\_\_\_

**Address to be printed on license (please check one):**  Residential  Mailing

(All Board correspondence will be mailed to the address printed on license.)

**Business name (if any) as registered with the Corporation Division:** \_\_\_\_\_

**SECTION 2: Ten Year Residential Information**

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 (from-to)	Residential Street Address	City & State & Zip
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECTION 3: Ten Year Employment Information**

You are REQUIRED to provide ALL FULL-TIME and PART-TIME employment information for the last ten years. You must include: dates of employment, company name / address, your position, your supervisor's name and current telephone number. If self-employed, provide the dates of self-employment, your business name and address. If unemployed, provide dates of unemployment. Please use a separate sheet of paper if necessary and sign and date each supplemental page.

Dates (from-to)	Business Name / Address	Position	Supervisor's Name & Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SECTION 4: Qualifications**

In Oregon, a person may “act as a funeral service practitioner” (FSP) without a license if they do not receive payment for their services. Individuals acting in this capacity are still required to complete all required paperwork, secure proper permits, and comply with all Oregon and Federal laws related to funeral and final disposition. In Oregon, individuals who, for payment, provide individual consultations or advice to persons acting as their own funeral service practitioner must hold an active death care consultant license.

To qualify for licensure as a death care consultant, applicants must demonstrate adequate knowledge of all required paperwork, permits and Oregon and Federal laws related to funeral and final disposition by successfully passing examination. Applicants must also be a minimum of 18 years old at the time of licensure, and must successfully pass a background application.

Please read before completing each question below; if any of the questions are unanswered, the application is considered incomplete.

1. Date you intend to take the Oregon DCC exam: \_\_\_\_\_
2. Will you be 18 years old by the time the death care consultant examination is held? Y \_\_\_N \_\_\_

**SECTION 5: Background Information**

**PLEASE READ BEFORE ANSWERING THE QUESTIONS BELOW**

**You must answer completely and truthfully.** The mere presence of so-called “negative” information is not automatically disqualifying. The Board considers all mitigating and aggravating circumstances when making decisions on applications that contain criminal or civil history. However, 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 Board has denied applications that contain misrepresentations about criminal or civil action history.** The more forthright you are, the greater the likelihood your background will be completed in a timely and successful manner.

An “Arrest” means taken into police custody, or issued a citation to appear in court for a crime, or charged with committing a crime. A "Crime" includes a misdemeanor, felony or a military offense (**DUI / DUIL, DWS Misdemeanor and DWS Felony are criminal offenses.**) "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 receiving probation, a suspended sentence, or a fine. **If you have any questions, please contact Board Staff prior to completing and submitting this application.**

QUESTIONS			CIRCLE THE CORRECT ANSWER
1. Do you currently hold or have you <b><u>ever</u></b> held, or applied for, any type of occupational or professional license, certification, or registration or business license in Oregon or any other state or country. If yes, please list them below.			YES
			NO
Licensee / Applicant Name	License Type	State/Country	Status
*2. Have you ever had any administrative, civil or criminal action taken against you, or your personal or business license, or had any such action initiated against you by ANY government entity including, but not limited to: municipal, county, state, tribal or federal / district courts or agencies?			YES
			NO
*3. Have you <b><u>ever</u></b> been arrested, charged or issued a citation for any offense / crime other than traffic violations?			YES
			NO
*4. Have you <b><u>ever</u></b> been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld?			YES
			NO
*5. Have you <b><u>ever</u></b> entered into a diversion agreement or placed on probation?			YES
			NO
*6. Do you have <b><u>any</u></b> ongoing criminal charges or civil legal matters that are currently unresolved?			YES
			NO

***\* If you answered yes to any questions #2 through #6, you must provide a signed, dated, written statement explaining the circumstances of each incident. You must sign, number and date the bottom of each supplemental page and / or document you provide. If applicable, you will need to provide a copy of any court documents, law enforcement reports, and citations for non-traffic violations.***

**SECTION 6: Identification**

**Attach a color photo or print here. (Smaller than 3" x 5")**

(Please tape - do not staple photo to this sheet.)

Picture taken on or about \_\_\_\_\_, 20\_\_\_\_\_.

---

---

**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: List languages, other than English, in which you are proficient, including sign language.  
\_\_\_\_\_

**Gender:**     Male     Female

**SECTION 7: Certification** Please read the following before signing in front of the Notary:

I understand that an applicant for a license or certificate must consent to a background check, including information solicited from the Department of State Police. ORS 692.025(8) I hereby acknowledge that the foregoing information may be used in accordance with ORS 692.025(8) 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, 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, and of 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 applicants for licensure as a death care consultant are, prior to licensure, required to successfully complete a written examination established by the Board, and receive a score of not less than 75 percent, based on the total number of questions.

I understand that a license will only be issued after a successful background check has been performed, and I have passed the Death Care Consultant Examination, and Board approval has been received.

I understand that it is my responsibility to keep the Board's office advised in writing of any address changes within 30 days of the change.

I understand that at least sixty days prior to the expiration of my death care consultant license, the Board will mail to the most current address filed with the Board, a form stating that the renewal fee is due and payable. I understand that if the renewal form is not returned and the renewal fee is not paid by the renewal date, the license will lapse.

I understand that **any misrepresentation or omission of fact, with or without intent, on my application or supplementary background materials is cause for refusal to issue an Oregon License or Certificate.**

**I hereby declare that the information submitted on this application is true to the best of my knowledge and belief, and that I understand this application is made for use as evidence in court or a contested case hearing and is subject to penalty for perjury.**

Finally, I agree to comply with Oregon's Statutes 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)

### **Death Care Consultant (DCC)**

A DCC license would be required when the individual is providing information or advice on matters related to funeral or final disposition arrangements including those matters subject to State or Federal regulatory requirements. DCCs may not provide any direct physical assistance with, or supervision of, the handling of the remains unless the individual also holds the proper license or licenses under this chapter and ORS 692. A person holding an FSP license is already registered to provide such consultations and does not require a separate registration.

It is strictly prohibited by Oregon Statute to practice as a death care consultant until you are fully licensed. A “death care consultant” means: (a) An independent practitioner educated in the discipline of death care. A death care consultant is licensed to provide consultations to person(s) acting as their own funeral service practitioner who performs and controls death care services and final disposition of human remains; (b) The consultations includes any conference, information, guidance or advice either at time of death or when death is soon to occur. (c) The consultation pertains to any Oregon State or Federal requirements related to funeral or final disposition arrangements for human remains. (d) “Death care consultants” excludes person who provide general information on funeral or final disposition arrangements via educational classes or workshops, publications (printed or electronic materials), speaking engagements, or lawful tax or attorney consults.

All DCC licenses issued will expire two years from the date of licensure unless renewed. It is the responsibility of the DCC to keep the Board’s office advised, in writing, of any address changes within 30 days of the change. At least sixty (60) days prior to the expiration of the DCC’s two-year license, the Board will mail to the licensed DCC a form stating that the renewal fee is due and payable. The renewal notice will be mailed to the most current address filed with the Board by the DCC. If the renewal form is not returned and the renewal fee is not paid by the renewal date the license will lapse.

### **Embalmer**

An embalmer's license relates specifically to the hands on preparation of human remains. It is strictly prohibited by Oregon Statute to practice as an embalmer until you are fully licensed or certificated as an embalmer apprentice. Only a licensed embalmer or certificated embalmer apprentice may: (a) Provide the necessary handling and preparation of human remains, e.g. washing, disinfecting, setting features, embalming and supervising dressing; and, (b) Supervise and be responsible for the required sanitizing of the preparation room or holding room including, but not limited to, embalming tables, work surfaces, sinks, floors, instruments, and handling and properly disposing of contaminated waste. Only a licensed embalmer may be engaged in (a) the practice of disinfecting or preserving from decay dead human bodies; or (b) preparing human bodies dead of contagious or infectious disease for transportation by railroad, express company or common carrier.

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

An FSP license is required when the practitioner is engaged directly or indirectly in offering funeral services for payment, or supervising or otherwise controlling the transportation, care, preparation, processing and handling of dead human bodies before final disposition. 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.