

**Office use only:**  
0629 41701 \$160 Recip. FSP License

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

www.oregon.gov/MortCem  
971-673-1507 phone  
971-673-1501 fax

**APPLICATION FOR:**

**OREGON FUNERAL SERVICE PRACTITIONER (FSP) LICENSE BY RECIPROCITY**

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 Reciprocal FSP Licensure in Oregon according to the provisions of ORS 692.025, ORS 692.140 and OAR 830-020-0030, and submit the following information as evidence of my qualifications for such licensure:

**SECTION 1: Personal Information**

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

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

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				

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

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

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

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

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

**Address to be printed on license (please check one):**  Residential  Mailing  Facility (see page 3)  
(All Board correspondence will be mailed to the address printed on license.)

**SECTION 2: 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. \_\_\_\_\_  
\_\_\_\_\_

**SECTION 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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **SECTION 4: Qualifications**

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

1. Are you a high school graduate? \_\_\_\_\_ **If yes, attach** satisfactory proof of high school graduation or equivalency. **If no, attach** satisfactory evidence of an equivalent of a high school education received in some private, public, or trade school.
  - Attached is 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.
2. Do you have an associate degree or higher? Yes / No: \_\_\_\_\_ If "Yes," provide name of school  
and date of graduation: \_\_\_\_\_

**Note:** The application for an FSP license shall be accompanied by a certified copy of a transcript from a school accredited by a regional association of schools and colleges demonstrating completion of an associate degree or higher. However, if an FSP license applicant does not have a degree, he/she must provide proof of four years as a licensed FSP or embalmer in this state or another state pursuant to ORS 692.045(3).

- a. FSP applicants shall be required to successfully complete a written examination and receive a score of not less than 75 percent, based on the total number of questions. Please contact the Board for an FSP exam schedule and application (which requires an additional fee).
    - Attached is a certified copy of a transcript from a school accredited by a regional association of schools and colleges demonstrating completion of an associate degree or higher.
    - Applicant will provide proof of four years as a licensed FSP or embalmer in another state. (Completed Licensing Certification form will be submitted to Board.)
  - b. Date you intend to take the Oregon FSP exam: \_\_\_\_\_
3. State of Reciprocal license: \_\_\_\_\_ Date Licensed: \_\_\_\_\_
    - a. Have you been licensed and actively practicing as a funeral director for three of the five years immediately preceding the application date: Yes / No: \_\_\_\_\_

If "No," you may not qualify for a reciprocal license. Please review ORS 692.140. If you need additional information, or have any questions, please contact the Board.

If "Yes," in support of this statement, I am submitting the following required documentation:

      - Completed Licensing Certification form will be submitted to Board.
      - A letter or other official documentation verifying that the applicant has been licensed and actively practicing for three of the five years immediately preceding application date. This proof may be submitted in the form of letters from previous employers addressing the following:
        - a. Length of time employed (dates).
        - b. Responsibilities.
        - c. Reason for termination or dismissal.
  4. List any states in which you have ever held a license as an FSP and provide the status of each license:  
\_\_\_\_\_
  5. Provide name and address of Oregon licensed facility where you will be working:  
\_\_\_\_\_

**SECTION 5: 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.

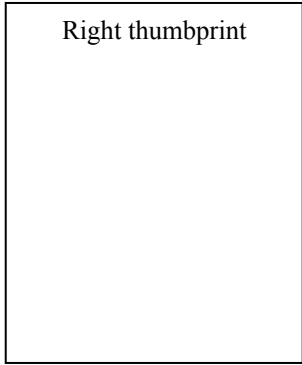
“Crime” includes a misdemeanor, felony or a military offense. (DUI / DUII is a criminal offense.)  
 “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence,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

**SECTION 6: Identification**



**Attach a photo here.**

A photocopy of a photograph is not acceptable. Picture taken on or about \_\_\_\_\_, 20\_\_.

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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

**SECTION 7: 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 Social Security Number 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 and / or failure to provide required documentation will result in the application being returned.

I understand that a license will only be issued after a complete background check has been performed and Board approval has been received.

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 FSP LICENSE BY RECIPROCITY INSTRUCTIONS**

This completed application **must be** accompanied by the following items:

- Application fee, \$160.00.
- 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.
- A certified copy of a transcript from a school accredited by a regional association of schools and colleges demonstrating completion of an associate degree or higher OR proof of four years as a licensed FSP or embalmer in this state or another state.
- For FSP, certified documentation (License Certification form attached) from the state applicant is licensed in which includes:
  - a. written examination score (not less than 75% required in Oregon)
  - b. date initially licensed and status of FSP license at the present time
  - c. whether applicant's license has ever been suspended or revoked or other disciplinary action taken
- Proof that you have been licensed and have practiced as a funeral director for three of the five years immediately preceding the application date. This proof may be submitted in the form of letters from previous employers addressing the following:
  - a. length of time employed (dates)
  - b. responsibilities
  - c. reason for termination or dismissal
- 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.

## **Embalmer**

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 shall: (a) Provide the necessary handling and preparation of human remains, e.g. washing, disinfecting, setting features, embalming and supervising dressing; and, (b) Perform the required sanitizing of the preparation room, including but not limited to, embalming tables, work surfaces, sinks, floors, instruments, and handling and properly disposing of contaminated waste.

At no time shall a license be issued to a reciprocal applicant before a complete background check has been performed and Board approval has been received.

## **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 reciprocal 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. In order to be eligible for the FSP examination under ORS 692.070, the applicant needs to provide a certified copy of a transcript from a school accredited by a regional association of schools and colleges demonstrating completion of an associate or higher OR proof of four years as a licensed FSP or embalmer in this state or another state. The FSP exam is offered in January and July of each year. The FSP exam application and fee needs to be received in the Board's office at least 30 days prior to the exam date.

At no time shall a license be issued to a reciprocal applicant before a complete background check has been performed and Board approval has been received.

## **Oregon Mortuary and Cemetery Board**

The Board was created to carry out the purposes and enforce the provisions of Oregon Revised Statutes (ORS) Chapter 692 and is composed of eleven members appointed by the Governor: two funeral service practitioners, one embalmer, three cemetery representatives, one crematory representative and four public members.

The Board's staff includes 5 FTE as follows: executive director, compliance manager, two investigators and one office manager / licensing specialist.

The Board is self-supporting and derives its financing from licensing, examination, and death certificate filing fees.

The mission of the Board is to protect public health, safety and welfare by fairly and efficiently performing its licensing, inspection and enforcement duties; by promoting professional behavior and standards in all facets of the Oregon death care industry; and, by maintaining constructive relationships with licensees, those they serve and others with an interest in the Board's activities.

# LICENSING CERTIFICATION

**Must be completed by Licensing Board and mailed to:** Oregon Mortuary and Cemetery Board  
800 NE Oregon Street, Suite 430  
Portland OR 97232-2195  
971-673-1507 / 971-673-1501 fax

State of \_\_\_\_\_

This is to certify that \_\_\_\_\_ was issued the following license(s):  
Name of Applicant

**Embalmer**

Type of License \_\_\_\_\_ License Number \_\_\_\_\_

Date of Issue \_\_\_\_\_ Expiration \_\_\_\_\_

Exam Average \_\_\_\_\_

Is license current? Yes \_\_\_\_\_ No \_\_\_\_\_

As a licensee (or applicant), have they ever received a reprimand, warning, violation, suspension, revocation, fine (or denial)? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", for what reason? \_\_\_\_\_  
(Please attach information and pertinent documents.)

**Funeral Service Practitioner License (Funeral Director)**

Type of License \_\_\_\_\_ License Number \_\_\_\_\_

Date of Issue \_\_\_\_\_ Expiration \_\_\_\_\_

Exam Average \_\_\_\_\_

Is license current? Yes \_\_\_\_\_ No \_\_\_\_\_

As a licensee (or applicant), have they ever received a reprimand, warning, violation, suspension, revocation, fine (or denial)? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", for what reason? \_\_\_\_\_  
(Please attach information and pertinent documents.)

\_\_\_\_\_  
Official's Name (Please Print) Official's Title

(STATE  
BOARD SEAL)

\_\_\_\_\_  
Official's Signature Date

Please provide address and telephone number for State Board providing certification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_