

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
mortuary.board@state.or.us
971-673-1507 phone
971-673-1501 fax

**APPLICATION FOR: OREGON FUNERAL SERVICE PRACTITIONER LICENSE
BY RECIPROCIITY**

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 Reciprocal Funeral Service Practitioner (FSP) License in Oregon according to the provisions of ORS 692.025, ORS 692.045, ORS 692.070, ORS 692.140, ORS 692.180, ORS 692.320 and OAR 830-020-0030 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** _____
(A **certified copy of applicant's birth certificate **must accompany** this application, but it can be returned *if requested.*)*

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 printed on license: _____

Address to be printed on license (please check one): Residential Mailing Facility (see page 4)
(The address printed on your license becomes the mailing address of record. For facilities, the mailing address on file will be used.)

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

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 Pursuant to ORS 692.140, are you **currently licensed in good standing** (or *previously* licensed in good standing at the time you ceased to practice) to **practice** in another state or profession that is substantially equivalent, as determined by the Board, as a Funeral Service Practitioner (Funeral Director), for at least one full year before the application date? Yes / No: _____

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

- Attached** Licensing Certification/Verification form (**proof of licensed in good standing** from state(s) listed below).
- Attached** documentation (contact the Board for additional information) verifying that the applicant has been actively practicing for a minimum of one year (**proof of actively practicing**.) This proof may be submitted in the form of letters from previous employers addressing the following: **a** Length of time employed (dates); **b** Duties, Responsibilities; and **c** Reason for termination or dismissal.

OR

- Will be submitted:** Completed Licensing Certification/Verification form (**proof of licensed in good standing** from state(s) listed below).
- Will be submitted:** Completed documentation (contact the Board for additional information) verifying that the applicant has been actively practicing for a minimum of one year (**proof of actively practicing**). This proof may be submitted in the form of letters from previous employers addressing the following: **a** Length of time employed (dates); **b** Duties, Responsibilities; and **c** Reason for termination or dismissal.

State(s) of Reciprocal license: _____ Date licensed: _____

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.

- 2 Are you a high school graduate? Yes / No: _____ If "Yes," attach or submit satisfactory **proof of high school graduation**. If "No," attach satisfactory proof that applicant possesses the equivalent of a HS education received in a private, public, or trade school, or HS equivalency test (General Education Development Test) given by the local HS, or some similar equivalency test conducted by a similar agency.

- Attached** is satisfactory proof of HS graduation OR equivalency OR satisfactory proof of an equivalent.

OR

- Will be submitted:** Completed satisfactory proof of HS graduation OR equivalency OR satisfactory proof of an equivalent.

- 3 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 will submit 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 of experience as a licensed FSP or embalmer in any state, and who is and or was in good standing in that state(s), is considered to have met any educational requirement necessary to take the examination under ORS 692.070, pursuant to ORS 692.045(4).

SECTION 4: Qualifications cont'd:

- 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.
- Will be submitted:** 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

- Attached Proof** of four years of experience and proof of licensed in good standing as a licensed FSP (Funeral Director) or Embalmer in any state. Completed Licensing Certification form will be attached or submitted to Board by state(s) for proof of licensed in good standing; with a letter or other documentation verifying that the applicant has been licensed in good standing and actively practicing for a minimum of four years (see Question 1 above).
- 4** An applicant for reciprocal FSP license must pass the Board's FSP examination (which requires an additional fee) as a means of providing satisfactory proof to the Board that the applicant has the requisite qualifications for licensing as an FSP in this state. The examination must include questions related to: Oregon and federal laws, rules and regulations relating to the care, preparation, disposition and transportation of human remains; and survivor death benefits. Reciprocal applicants for FSP license must receive a score of not less than 75 percent, based on the total number of questions, in order to pass the examination.

Please contact the ICFSEB (see last page for contact information), or the Board for additional information).

Date you intend to take the Oregon Laws, Rules and Regulations exam: _____

- 5** List any states in which you have ever held a license as an FSP (Funeral Director) and provide the status of each license:

- 6** Provide name and address of Oregon licensed facility where you will be working:

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 / DUII, 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 ever 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	<u>Status</u>
*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 ever been arrested, charged or issued a citation for any offense / crime other than traffic violations?			YES
			NO
*4. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld?			YES
			NO
*5. Have you ever entered into a diversion agreement or placed on probation?			YES
			NO
*6. Do you have any 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 / Ethnicity (Please mark the one box describing the race / ethnicity with which you identify.)

- American Indian or Alaskan Native** (I) (Non-Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America), and who maintain a tribal affiliation or community attachment.
- Asian** (A) (Non-Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Black or African American** (B) (Non-Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino** (H): A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.
- Native Hawaiian or Other Pacific Islander** (P) (Non-Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** (W) (Non-Hispanic or Latino): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Two or more races** (T) (Non-Hispanic or Latino): Persons who identify with two or more racial categories named above.
- 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 an applicant for a FSP license shall be required to pass the Oregon State FSP Laws, Rules and Regulations examination as a means of providing satisfactory proof to the Board that the applicant has the requisite qualifications for licensing as an FSP in this state.

I understand that a license will **only** be issued after all requirements for the reciprocal licensure have been met, and formal Board approval has been received. The effective date of the license will be the date that the Board approves the license.

I understand that on or before November 1 of each odd numbered year, the Board will mail to each licensed Funeral Service Practitioner and Embalmer a form containing notice that the renewal fee is due and payable. In order to renew your license, you must complete and return the renewal form with the applicable renewal fee by December 31st. If your renewal is postmarked after December 31st, you must include a reinstatement fee of \$50 per license. Failure to renew and pay all fees within 90 days of December 31st will result in a permanently lapsed license.

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
(Notary prints applicant's name)

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

NOTARY SEAL _____
(Signature of Notary Public)

(County / State)

LICENSING CERTIFICATION

Must be completed by State 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 License

Type of License _____ License Number _____

Date of Issue _____ Expiration _____

Exam Average _____

Is license current? Yes _____ No _____

Apprenticeship Requirements, if any (Please provide the number of months, the number of hours per week and the number of embalmings required.)

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 _____

Apprenticeship Requirements, if any (Please provide the number of months, the number of hours per week and the number of arrangements / dispositions required.)

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:

APPLICATION FOR FSP LICENSE BY RECIPROcity INSTRUCTIONS

Pursuant to ORS 692.140, for an applicant from another state, the Board shall issue a license to practice as an FSP if: (a) The applicant applies to the Board and fulfills the requirements specified in subsection (2) of this section; and (b) The Board is satisfied that the applicant has demonstrated the requisite qualifications to be a funeral service practitioner in a manner prescribed by the Board by rule. (2) An applicant under this section shall apply to the Board on a form provided by the Board. The applicant shall include with the application: (a) Proof satisfactory to the Board that the applicant: (A) Currently is, or previously was, authorized to practice in another state or profession that is substantially equivalent, as determined by the Board, to an FSP; and (B) Is in good standing in that state to practice the profession, or was in good standing in that state at the time that the applicant ceased practicing the profession. (b) Payment of the initial reciprocity licensing fee established under ORS 692.160.

A license must not be issued to a reciprocal applicant before a complete background check has been performed and Board approval has been received. The application is not considered complete until the following are received and validated in the Board office:

- Completed** application and fee, **\$160**.
- Certified** copy of applicant's birth certificate (may be returned if requested in writing);
- Certified** documentation (Licensing Certification form attached) from the state(s) applicant is licensed in which includes: **a** written examination scores; **b** date initially licensed and status of Embalmer and Funeral Director license at the present time; and **c** whether applicant's license has ever been suspended or revoked or other disciplinary action taken.
- Evidence** that you have been licensed and have practiced as an Funeral Director for one year preceding application date. This proof may be submitted in the form of letters or other official documentation from previous employers addressing the following (contact the Board if you need additional information): **a** Length of time employed (dates); **b** Responsibilities; and **c** Reason for termination or dismissal.
- Satisfactory **proof** of HS graduation OR equivalency OR satisfactory evidence of an equivalent.
- 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 of experience as a licensed FSP or embalmer in any state.
- Certified Oregon State FSP Laws, Rules and Regulations Exam Results** Applicants for an 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 an FSP in this state.
- 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 Embalmer apprentice may provide the necessary handling and preparation of human remains, e.g. washing, disinfecting, setting features, embalming, repair and supervising dressing. A licensed Embalmer or Embalmer apprentice must 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 disposal of contaminated waste. A preparation room or holding room must be sanitized after the use of the room. Only a registered preneed salesperson or other funeral service licensee shall engage in prearrangement or preconstruction sales, if employed by a Certified Provider.

In order to qualify for an Oregon Embalmer's license, you must pass either the Oregon State Embalmer's Examination or the National Board Examination administered by the International Conference of Funeral Service Examining Boards Inc. (ICFSEB). For more information, please contact ICFSEB or the Board.

Funeral Service Practitioner (FSP)

It is strictly prohibited by Oregon Statute to practice as an FSP until you are fully licensed or certificated as an FSP apprentice. An individual practices as an 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 an 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. Only a registered preneed salesperson or other funeral service licensee shall engage in prearrangement or preconstruction sales, if employed by a Certified Provider.

An applicant for an 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 an 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

ICFSEB will now be administering the Oregon State FSP Laws, Rules and Regulations Examination via a computer-based exam. For more information, please contact ICFSEB (<https://theconferenceonline.org/examinations/state-board-exam/> or phone: 479.442.7076) or the Board.

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. In order to protect the public, it is the Board's responsibility to insure that all of Oregon's death care facilities are properly licensed.

The Board is self-supporting and derives its financing from licensing, examination, and a portion of the death certificate filing fee (not the fees derived from the purchase of a certified copy of a death certificate).

For additional information, please call the Board's Office Licensing Manager at 971-673-1507.