Office use only:
0628 41701 $80 or $160 FSP License

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

FUNERAL SERVICE PRACTITIONER (FSP) APPRENTICESHIP COMPLETION APPLICATION

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 Funeral Service Practitioner (FSP) License in Oregon according to the provisions of ORS 692.025, ORS 692.045, ORS 692.070, ORS 692.180, ORS 692.190 and ORS 692.320, 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 printed on license: _____

Provide name and address of Oregon licensed facility where you will be working: _____

_____

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

(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: 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**	**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 **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 5: 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 6: Affadavit of Licensee

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 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 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.

Please read before completing each check box below; **if required check boxes are unchecked**, the application is **incomplete and will be returned**.

☐ I have completed the Oregon FSP apprenticeship requirements and am requesting that I be issued an Oregon FSP License. I have served a twelve-month apprenticeship in Oregon and have worked a minimum of 1,440 hours within a calendar year. Under the personal supervisor of a licensed Oregon FSP, I have assisted in the planning of at least 25 funerals or dispositions through some form of direct contact with the family or a legal representative of the deceased.

☐ I have provided the Board with a **certified copy of a transcript** demonstrating completion of an associate degree or higher, (not written evidence of graduation) from a school accredited by a regional association of schools and colleges.

☐ I have successfully completed the Oregon State FSP Laws, Rules and Regulations Examination

administered on:_____

☐ I have enclosed the _____ licensing fee ($80 per license, per year).
$80.00 or $160.00

_____	_____	_____
Print Name of Supervisor *	Signature of Supervisor	date
_____	_____	_____
Print Name of Supervisor *	Signature of Supervisor	date

* If you choose not to have your supervisor co-sign this form, you must provide a copy of the funeral planning / disposition logs that are required to be completed during your apprenticeship. (Apprenticeship logs shall be available upon request.) If you had more than one supervisor during your required twelve-month apprenticeship, you must submit a signature from each supervisor.

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 understand that FSP trainees (apprentices) are required to serve a twelve-month apprenticeship and must be under the supervision of an FSP who is and has been licensed in good standing and working in Oregon for at least one year. The licensee who supervises an apprentice must be working and located in the same licensed facility or facilities as the apprentice he or she is supervising.

I understand that to qualify for a license as an FSP, an FSP apprentice must work a minimum of 1,440 hours within a calendar 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 legal representative of the deceased.

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 a FSP in this state.

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 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 $50.00 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 on my application or supplementary background materials shall be cause for refusal to issue an Oregon License or Certificate**.

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
(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)

Instructions

The application is not considered complete until the following are received and validated in the Board office:

(a) **Application and licensing fee, $80 or $160**;
(b) **Certified Oregon State FSP Laws, Rules and Regulations Exam Results**
Applicants for a funeral service practitioner license 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.

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.

Exam Schedule
In order to qualify for an 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 (https://theconferenceonline.org/examinations/state-board-exam/ or phone: 479.442.7076) or the Board.

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 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.

Exam Schedule
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.)

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/laws-exam/ or phone: 479.442.7076) or the Board.

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