

Application for the Funeral Service Practitioner (FSP) Examination

(Last Name)		(First)	(Middle)	(Year of Birth)
Maili	ng Address (Street or Post Office	Address)		
(City)			(State)	(Zip Code)
AFF	IDAVIT OF APPLICANT	·:		
-	pport of this application, I certice as an FSP. I also certify the	• • • • • • • • • • • • • • • • • • • •		an applicant for a license to n will be returned as incomplete):
	I am currently licensed as an active FSP apprentice.			
OR				
	I am not currently licensed as an active FSP apprentice, but I have started an apprenticeship, and I understand that I may serve as an FSP apprentice for an aggregate total of not more than 48 months.			
OR	Pursuant to OAR 830-011-0020(11) I have satisfied the apprenticeship requirements based upon proof that I have practiced as a licensed FSP for three of the past five years or for a total of ten years. (Non-reciprocal applicant.)			
OR				
	I am a qualified reciproca	applicant.		
highe only a a tran	r degree program* OR proof	of four years of licensed FS rior to becoming fully licen on with an associate or high	P or embalmer experience sed as an FSP, the applications	raduation from an associate or ce in this state or another state. (*If cant must submit a certified copy of accredited by a regional
misre	by agree to abide by all rules a presentation in obtaining a lice or other disciplinary action.			nderstand that any to issue a license, revocation of a
Next	scheduled Oregon FSP exa	m offered by OMCB: Ju	ne 24 2019, 10 am	
	osed find the FSP examination of the second	n fee of One Hundred Do	llars, \$100.00 Pursuant t	o OAR 830-020-0040(7), this fee is
	The examination fee and com e the examination is held, or b			ice of the Board at least 7 days 80-020-0000