

Office use only:

0614 41701 \$50.00 Embalmer Apprenticeship

Oregon Mortuary and Cemetery Board

800 NE Oregon Street, Suite 430

Portland OR 97232-2195

www.oregon.gov/mortcemmortuary.board@state.or.us

971-673-1507 phone

971-673-1501 fax

APPLICATION FOR FUNERAL SERVICE PRACTITIONER (FSP) APPRENTICESHIP CERTIFICATE

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.

The **effective** date of the apprenticeship is the date the completed application and the required certificates are received and validated in the office of the Board, and, as stated in OAR 830-011-0020(6), the status of the application will be mailed to the applicant, care of the funeral establishment. However, if Board approval is required due to an applicant's background investigation, the effective date of a successful apprenticeship application will be the date the Board approves it. ORS 692.180(1)

I hereby apply for an Oregon FSP Apprenticeship Certificate according to the provisions of ORS 692.025, ORS 692.045, ORS 692.070, ORS 692.180, ORS 692.190, ORS 692.320, and OAR 830-020-0011 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 will be returned if requested.)

SS # _____ **Drivers License # or ID # / State** _____

Apprentice Name printed on certificate: _____

Name of Primary Facility printed on certificate: _____

SECTION 1: Personal Information cont'd

Current Residential Address: _____
(Street) (City & State) (Zip)

Personal Mailing Address: _____

Home Phone _____ **Work Phone** _____

Home Cell _____ **Work Cell** _____

Personal Email Address(es): _____

Work Email Address: _____

1 Are you a high school graduate? _____ **If yes, attach** satisfactory **proof** of high school graduation or equivalency. See OAR 830-011-0020(5) for additional information.

- ☐ 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 hold an associate or higher degree from a school accredited by a regional association of schools and colleges? _____

(In order to be eligible to take the FSP exam, an applicant for an FSP license must have an associate degree or higher OR proof of four years of licensed FSP or embalmer experience in this state or another state. Proof needs to be on file with the Board office prior to the FSP exam. See ORS 692.045(2), (3) for additional information.)

- ☐ 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.

3 Are you a graduate of an accredited school of Funeral Service Education? _____ If yes, provide the name of the school and date of graduation: _____

- ☐ Attached is written evidence of graduation from an accredited funeral service education program.

4 Are you currently enrolled in an accredited funeral service education program? _____ If yes, provide the name of school, date of entry, and date you plan to graduate: _____

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 / 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 <u>ever</u> held, or applied for, any type of occupational or professional license, certification, or registration or business license <u>in Oregon</u> 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 <u>ever</u> 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 <u>ever</u> been arrested, charged or issued a citation for any offense / crime other than traffic violations?			YES
			NO
*4. Have you <u>ever</u> been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld?			YES
			NO
*5. Have you <u>ever</u> entered into a diversion agreement or placed on probation?			YES
			NO
*6. Do you have <u>any</u> 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: Funeral Service Practitioner (FSP) Apprenticeship Information

If approved, my **FSP apprenticeship** will be served under _____
(Print FSP Supervisor's name ↑)

at _____
(Print name(s) of primary licensed facility and alternate facilities ↑)

It is planned that I, _____, will work
(Print FSP apprentice's name ↑)

from _____ to _____ on the following days of the week: _____.
(hour) (hour)

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.

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.

An FSP apprentice must keep a log book on the premises of the licensed facility where he or she is supervised, showing all arrangements made or participated in by the apprentice. The apprentice may use a supplemental page to log any arrangements or other competencies performed at an alternate facility as directed by their supervisor. Such page **MUST** be brought back and included in the log at the end of that specific assignment. The apprentice, under supervision, must make accurate and current entries. The apprentice and his or her supervisor must furnish the log book to the Board upon request. The log book must be retained for a period of one year after licensure as a funeral service practitioner, or, if not licensed, for six years from the last log entry, and must include the following: (a) Name of deceased and person authorizing final disposition arrangements; (b) Date of death; (c) Date and place arrangements were made; (d) Description of apprentice's direct participation with family; (e) Number of days and hours worked per week; (f) Specific competency demonstrated; (g) Supervisor's written confirmation for each arrangement made by their apprentice; and (h) Name of the licensed facility responsible for the final disposition arrangements.

FSP apprentice certificates will not be granted to any person for a period longer than 48 aggregate months. When an apprentice has completed his or her apprenticeship, he or she will no longer be licensed as an apprentice, but must qualify as a licensed FSP. The Board may consider a request for extension of the apprenticeship period for reasonable and extenuating circumstances beyond the control of the apprentice. An FSP apprentice may serve the apprenticeship concurrently with the embalmer apprenticeship. The time requirement remains the same whether you serve one apprenticeship or a combined apprenticeship.

The certificate of apprenticeship shall be issued to the applicant as an apprentice to a specified licensee. If the apprentice intends to change the licensee to whom apprenticed, he or she shall immediately file a request for approval of the transfer with the Board and pay the required fee. A certificate shall be reissued upon payment of an administrative charge. When an apprentice ceases to work under a specific licensee, the apprenticeship certificate shall become null and void. It is the responsibility of the supervising licensee to notify the Board's office of any termination in employment or supervision of the apprentice.

AFFIDAVIT OF LICENSEE

In the event an **FSP Apprenticeship Certificate** is granted to the above apprentice applicant, I, as a licensed FSP in the State of Oregon for at least one year, agree to permit said applicant to serve his / her FSP apprenticeship under my supervision, at the above named licensed facility or facilities. I understand that I am responsible for monitoring my apprentice's training throughout their apprenticeship period. I understand that if my FSP apprentice makes any arrangements for a deceased person, I am responsible for any arrangements made by my apprentice. I understand that I must be working at and located in the same licensed facility or facilities as the apprentice I am supervising. I understand that when an apprentice ceases work under a specific licensee, the apprenticeship certificate shall become null and void. It is my responsibility as supervisor to notify the Board's office in writing of any termination in employment or supervision of the apprentice.

(FSP Supervisor's signature)

(Date)

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 **incomplete application will be returned** to the facility. I understand that the effective date of the apprenticeship is the date the completed application and the required certificates are received and validated in the office of the Board, and, as stated in OAR 830-011-0020(6), the status of the application will be mailed to the applicant. *However, if Board approval is required due to an applicant's background investigation, the effective date of a successful apprenticeship application will be the date the Board approves it.* ORS 692.180(1)

I understand that an apprentice certificate will not be granted to any person for a period longer than 48 aggregate months.

I understand that once I have successfully met all requirements for licensure, I will need to complete and submit the apprenticeship completion form with the required licensing fee(s). I understand that all certificates of apprenticeship expire on December 31st of each year unless renewed.

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)

Instructions

This **completed** application **must be** accompanied by the following items, or it will be considered incomplete and the application will be returned to the facility:

(a) **Application fee, \$50;**

(b) **A certified copy of applicant's birth certificate** (maybe returned upon written request after receipt);

(c) **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. 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.

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.