

**\*\*\*FOR OFFICE USE ONLY\*\*\***

**Funeral Director/Embalmer Checklist**

- Endorsement     Examination
- App. & Fee - \$30.00
- Date: \_\_\_\_\_ Check \_\_\_\_\_
- Birth Certificate/Legal Entry
- Photo
- Transcript
- High School Diploma
- Internship Verified
- National Board Scores
- Approved for Practical Exam
- Passed Practical
- License Verification



**\*\*\*FOR OFFICE USE ONLY\*\*\***

Application Approved:

License Number:

Issue Date:

Signature of Board Administrator

ID#:

Receipt #:

**Rhode Island  
Board Funeral Directors and Embalmers**

Room 104  
3 Capitol Hill  
Providence, RI 02908-5097

***Instructions and Application For  
License As A***

Funeral Director/Embalmer

**Endorsement**     **Examination**

License # \_\_\_\_\_  
Name \_\_\_\_\_

*Applicant - Print Name (First/MI/Last)*

# GENERAL INFORMATION

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## Enclosures

The following materials and information should be enclosed within this application packet:

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Application Materials	
Application.....	5-8
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Interstate Verification Form - (Endorsements Only).....	10

## Licensure Requirements

- Fee of **\$30.00** (Non Refundable - Check or Money Order ONLY - Payable to RI General Treasurer).
- Recent passport type photograph.
- Original U.S. birth certificate, or copy that has been notarized as a true copy of the original or, if born outside the U.S.; original notarized copy of citizenship or Lawful alien status (Submitted documents will **NOT** be returned to you).
- Official transcript sent directly from the qualifying school/college (embalming program/mortuary science) For individuals entering into a program after January 1, 1996, an associates Degree is required.)
- High School transcript sent directly from school; or notarized copy of diploma or GED.
- Exam scores sent directly from the "Conference of Funeral Service Examining Boards".\*  
**\*(unless licensed in another state prior to 1985).**
- Evidence of successful completion of the Rhode Island Practical Examination
- Verification of Rhode Island Internship.
- Verification of licensure from each state in which you have ever been licensed. (Endorsement Only)

## Rules and Regulations/Laws

To obtain the Rules and Regulations for your profession visit the A-Z list on the Topics & Programs page at the following web site. From the list click on the letter for your profession.

<http://www.health.ri.gov/atoz/>

Title 5, Chapter 33.2, entitled: Funeral Director/Embalmer Funeral Services Establishments can be downloaded at the following web web site:

<http://www.rilin.state.ri.us/Statutes/TITLE5/5-33.2/INDEX.HTM>

# APPLICATION PROCESS OVERVIEW

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The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professionals Regulation, and the Rhode Island Board of Funeral Directors and Embalmers(Board).

## **Application Process**

In addition to the application, you must submit additional information directly to the Board. All items listed on the “checklist” (page 9) must be submitted for an application to be considered complete. All applications are considered valid for 1 year from the day they are received at HEALTH. If you do not complete the application process and obtain a license within 1 year a new application must be submitted.

Please allow a minimum of 8 weeks for the entire licensure process to be completed. If you have malpractice criminal or disciplinary history, in Rhode Island or another state, it can take an additional 2 or 3 months for all pertinent documentation to be received, and a decision to be made regarding issuance of your license.

Licenses will be issued within 7-10 working days following approval of the license. Wallet-sized license cards are mailed within 3 weeks from the date of issuance, and are mailed to the address furnished in the application. You are responsible for notifying the Board office, in writing, if your address changes in the interim. Visit the following website to obtain a change of address form.

<http://www.health.ri.gov/forms/changeofaddress/professions.pdf>

***To obtain your license number prior to receiving your license card, please refer to the HEALTH Licensee Lookup web site:***

<https://healthri.mylicense.com/Verification/>

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once completed, the application will be reviewed, and you will be contacted in writing.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the application. If you have any questions about this application process, or would like to check on the status of your application, please contact the board staff at (401) 222-2828.

# INSTRUCTIONS FOR COMPLETING THE BOARD APPLICATION

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Read the following instructions and those throughout the application packet carefully before completing the application. **Only complete applications with the appropriate fee will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays.

## **General Instructions**

1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type your information or print in blue or black ball-point pen. HEALTH staff will not make assumptions about illegible information.
3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
4. We suggest that you make a copy of your completed application before submitting it to HEALTH.
5. It is your responsibility to check on the status of your application.

## **Completing your Application**

1. Complete the application pages (5-8). You must respond to all components of the application as instructed. If you attach separate pages in continuation of the application, such pages **MUST** clearly indicate the section for which such information is being reported.
2. Make a check or money order (in U.S. Funds only) for the application fee of **\$30.00** payable to "**RI General Treasurer**" and staple it to the upper left-hand corner of the first (Top) page of the application. This application fee is **NON-REFUNDABLE**.
3. Complete all application materials as instructed and arrange them in the order listed on the application checklist (page 9). Do not submit the application without all applicable information, documentation and fee(s). Mail these components of the application to:

**Rhode Island Department of Health  
Board of Funeral Directors and Embalmers  
Room 104, 3 Capitol Hill  
Providence, RI 02908-5097**

In addition to the materials you mail to HEALTH, the following must be either mailed or requested from other sources.

1. Official transcript from the qualifying school/college must be submitted by the school directly to the Board, at the address listed above. **Facsimiles will not be accepted.** **NOTE:** For individuals entering into a program after January 1, 1996, an Associates Degree is required.
2. Interstate Verification Forms. The form on Page 10 must be sent to any state in which you have ever held a license. Be sure to sign and complete the identifying information on the form. HEALTH must receive these verifications directly from the licensing authority.

Please, **do not** contact the Rhode Island Board for mailing addresses of other licensing authorities.



# State of Rhode Island Board of Funeral Directors and Embalmers

## Application for License as a Funeral Director/Embalmer

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

### 1. Name(s)

This is the name that will be printed on your License/Permit/Certificate and reported to those who inquire about your License/ Permit/ Certificate. Do not use nicknames, etc.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

### 2. Social Security Number

 -  - 

U.S. Social Security Number

**"Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State."**

### 3. Gender

 Male  Female

### 4. Date of Birth

 /  /  1 9 

Month

Day

Year

### 5. Home Address

It is your responsibility to notify the board of all address changes.

1st Line Address (Apartment/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

Country, If NOT U.S.

 - 

Home Phone

State

 - 

Zip Code

Postal Code, If NOT U.S.

 - 

Home Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

### 6. Business Address (ONLY if it is RELATED to your license.)

It is your responsibility to notify the board of all address changes.

***This address will appear on the Department of Health web site.***

Name of Business/Work Location

1st Line Address (Department/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

Country, If NOT U.S.

 - 

Business Phone

Extension

State

 - 

Zip Code

Postal Code, If NOT U.S.

 - 

Business Fax



**11. Criminal Convictions**

Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.

If necessary, you may continue on a separate 8½ x 11 sheet of paper.

Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending?

Yes  No

Abbreviation of State and Conviction<sup>1</sup> (e.g. CA - Illegal Possession of a Controlled Substance):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Month	Year
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**12. Disciplinary Questions**

Check either Yes or No for each question.



1. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are formal charges pending?

Yes  No

2. Have you ever been denied a license, certificate, registration or permit in any state?

Yes  No

**Note:** If you answer "Yes" to any question, you are **required** to furnish complete details, including date, place, reason and disposition of the matter. You may use the space below or, if needed, on a separate sheet of paper.

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### 13. Affidavit of Applicant

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Funeral Director/Embalmer in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Funeral Directors and Embalmers of any change in the answers to these questions after this application and this affidavit is signed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature (MM/DD/YY)

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as documentation and did / did not take an oath.

\_\_\_\_\_  
Name of Notary (Print, Type or Stamp)

\_\_\_\_\_  
Signature of Notary

Notary Seal

\_\_\_\_\_  
Notary No/Commission No.

\_\_\_\_\_  
Commission Expiration Date (MM/DD/YY)

### 14. Recent Photograph

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.



Write your name on the back of the photograph, and provide the date that the photograph was taken.

\_\_\_\_\_  
Date of Photograph



# APPLICATION CHECKLIST

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Please review the following checklist to ensure that all the components of the application process have been satisfied. Some items may not apply.

## Board Application

- I have read and understand the “Instructions for Completing the Application”.
- I have completed the Rhode Island Board application as instructed (pages 5-8).
- I have attached the cover page of the application.
- I have completed Section 13, “**Affidavit of Applicant**”, and had the form notarized by a notary public.
- I have attached a photograph to Section 14, “**Recent Photograph**” as instructed. I have verified that it meets the photograph requirements as stated in the application.
- I have attached a birth certificate (**original or a copy notarized as being a true copy of the original**), or proof of **lawful entry** status (if born outside the United States), and understand that submitted documents will not be returned.
- I have a **check or money order**, made payable (in U.S. funds only) to the “**RI General Treasurer**” in the amount of **\$30.00** and attached it to the upper left-hand corner of the first (Top) page of the application.
  
- I have arranged my Board Application materials in the following order.
  1. Fee (attached as instructed).
  2. Board Application (including cover page) (pages 5-8)
  3. Supporting documentation as required. [**Note:** Pages containing additional information in continuation of the Board application] **MUST** indicate the section for which the information is being reported.]
  
- I have mailed the above application materials directly to the Rhode Island Board of Funeral Directors and Embalmers.

## Required Forms

- I have completed and mailed the following forms as instructed.
  1. Interstate Verification Form - Original State of Licensure (Endorsement Only)

## Other Documents

- I have requested a school transcript as instructed.
- I have requested my high school transcript or submitted a notarized copy of my diploma as instructed.
- I have requested Exam Scores sent directly from the “Conference of Funeral Service Examining Boards” to the Department of Health.
- I have requested verification of my 12 month Internship and a minimum of 50 bodies (**if applying by examination**)



Substitute forms are not acceptable - Copy this form as needed.

# Rhode Island Board of Funeral Directors and Embalmers

Room 104, 3 Capitol Hill  
Providence, RI 02908-5097  
(401) 222-2828

## INTERSTATE VERIFICATION FORM - ALL OTHER STATES OF LICENSURE

I am applying for a license to practice as a Funeral Director/Embalmer in the State of Rhode Island. The Rhode Island Board of Funeral Director and Embalmers requires that the following form be completed by the jurisdiction in which I have obtained licensure. This constitutes your authority to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Funeral Directors and Embalmers at the above address.

_____	_____	_____
Print/Type Full Name	Signature	Date
_____	_____	_____
Previous Names Used	Social Security Number	Date of Birth
_____	_____	
License Number	Date Issued	

### THIS SECTION TO BE COMPLETED BY THE BOARD

Program Completed:	Location:	Graduation Date:
Licensed by Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No		
License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed	Original Date Issued:	Expiration Date:

**Questions:**

- Has this licensee ever been investigated by your Board?  Yes  No
- Has this licensee incurred any disciplinary proceedings in your state, or is any action pending?  Yes  No
- Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation?  Yes  No
- Do you know of any information that may discredit this person?  Yes  No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

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### Certification:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Name

Please Affix  
Board Seal Here

\_\_\_\_\_  
Title

\_\_\_\_\_  
Full Name of Licensing Board

Please return directly to the Board at the above address. Thank you for your prompt cooperation.