



This application form is used by persons seeking licensure in Mississippi as a Funeral Service or Funeral Director Licensee and who is currently already licensed in good standing in another state. Application by Reciprocity allows an applicant to provide evidence satisfactory to the Board that he or she holds a valid, unrevoked, and unexpired license as a funeral service practitioner or funeral director in another state having substantially similar requirements to the requirements for licensure as either an embalmer or funeral director in this state.

Application For Reciprocity

- 1) The application must be completed in full, either printed in black ink or typewritten, except where signature is required. The Affidavit of Applicant statement must be notarized.
- 2) The application and appropriate fee of \$200.00, must be returned to the address below. The application fee is **<u>NON-REFUNDABLE</u>**.
- 3) Submit passing scores from the National Conference. (sent directly to the Board from The Conference) The National Conference's website is www.theconferenceonline.org.
- 4) Submit transcript from Mortuary School or College (sent directly to the Board from the school or college) This is required for Funeral Service license only.
- 5) Submit a license certification from each state you hold or have held a license in. (Page 3 of application form).
- 6) Once an application is deemed complete a license fee will be required. This fee is prorated and a letter will be sent advising of the amount due.
 - a. Licenses renew June 30th, bi-annually on the even years.

Mail to: 3010 Lakeland Cove, Suite W, Flowood MS 39232

Make check or money order payable to Mississippi Board of Funeral Service

Should you have any questions, please call board staff @ 601-932-1973. Web Page: www.msbfs.ms.gov Email: funeral_board@msbfs.state.ms.us

Pursuant to the provisions of the Universal Recognition of Occupational Licenses Act, Mississippi shall recognize occupational licenses obtained from other states.

MISSISSIPPI STATE BOARD OF FUNERAL SERVICE Application to apply for license by Reciprocity Non-Refundable Application Fee \$200.00

| PART 1 APPLICANT INFORMATION Name: Last First Middle Name to appear on License: (Print) | CHECK THE TYPE OF LICENSE APPLYING FOR | R:Funeral Director | Funeral Service (Embalmer & Funeral Director) | | | | | | |
|--|--|---------------------------------------|---|--|--|--|--|--|--|
| Last First Middle Name to appear on License: (Print) | PART 1 APPLICANT INFORMATION | | | | | | | | |
| Last First Middle Name to appear on License: (Print) | Name: | | | | | | | | |
| S\$# : Date of Birth:/ Gender:Male Female Address:Street or P O Box City State Zip Home Telephone:() Cell Telephone:() E-Mail Address: If you have secured employment in MS, list employer: PART 2 LICENSE INFORMATION Original State of Licensure:Funeral Director #Embalmer # Was an apprenticeship/internship completed? Yes No Length of Apprenticeship List other states you currently hold or have held a Funeral license in: State License No Date issued TA License Certification is required from each state* Have you ever had any license or registration to practice embalming, funeral directing, or cremations revoked, suspended, fined, placed on probation, or otherwise disciplined, in this state or any other state or jurisdiction? YES NO Do you have any actions pending? YES NO Have you ever voluntarily relinquished or surrendered a professional license or registration to practice embalming, funeral directing, or cremations revoked, suspended, fined, placed on probation, or otherwise disciplined, in this state or any other state or jurisdiction? YES NO | | First | Middle | | | | | | |
| Address: | Name to appear on License: (Print) | | | | | | | | |
| Street or P O Box City State Zip Home Telephone:() Cell Telephone:() Cell Telephone:() E-Mail Address: | SS# : Date or | f Birth:/ Ge | ender:Male Female | | | | | | |
| Street or P O Box City State Zip Home Telephone:() Cell Telephone:() Cell Telephone:() E-Mail Address: | Address: | | | | | | | | |
| E-Mail Address: | Street or P O Box | | | | | | | | |
| If you have secured employment in MS, list employer: | | | | | | | | | |
| PART 2 LICENSE INFORMATION Original State of Licensure: | | | | | | | | | |
| Original State of Licensure: | | | | | | | | | |
| Was an apprenticeship/internship completed? YesNo Length of Apprenticeship List other states you currently hold or have held a Funeral license in: | PART 2 LICENSE INFORMATION | | | | | | | | |
| List other states you currently hold or have held a Funeral license in: State State License No Date issued *A License Certification is required from each state* Have you ever had any license or registration to practice embalming, funeral directing, or cremations revoked, suspended, fined, placed on probation, or otherwise disciplined, in this state or any other state or jurisdiction? YES NO Do you have any actions pending? YES NO Have you ever voluntarily relinquished or surrendered a professional license or registration to practice embalming, funeral directing, or cremations while under investigation, or after initiation of a disciplinary proceeding against you or the license? YES NO | Original State of Licensure: | Funeral Director # | Embalmer # | | | | | | |
| State License No. Date issued | Was an apprenticeship/internship completed? Yes | No Length of App | prenticeship | | | | | | |
| State License No. Date issued State License No. Date issued *A License Certification is required from each state* Have you ever had any license or registration to practice embalming, funeral directing, or cremations revoked, suspended, fined, placed on probation, or otherwise disciplined, in this state or any other state or jurisdiction? YESNO NO | List other states you currently hold or have held a Funeral license in: | | | | | | | | |
| State License No. Date issued *A License Certification is required from each state* Have you ever had any license or registration to practice embalming, funeral directing, or cremations revoked, suspended, fined, placed on probation, or otherwise disciplined, in this state or any other state or jurisdiction? YESNO Do you have any actions pending? YESNO Have you ever voluntarily relinquished or surrendered a professional license or registration to practice embalming, funeral directing, or cremations while under investigation, or after initiation of a disciplinary proceeding against you or the license? YESNO | State License No. | Date issued | | | | | | | |
| *A License Certification is required from each state* Have you ever had any license or registration to practice embalming, funeral directing, or cremations revoked, suspended, fined, placed on probation, or otherwise disciplined, in this state or any other state or jurisdiction? YESNO Do you have any actions pending? YESNO Have you ever voluntarily relinquished or surrendered a professional license or registration to practice embalming, funeral directing, or cremations while under investigation, or after initiation of a disciplinary proceeding against you or the license? YESNO | State License No. | Date issued | | | | | | | |
| Have you ever had any license or registration to practice embalming, funeral directing, or cremations revoked, suspended, fined, placed on probation, or otherwise disciplined, in this state or any other state or jurisdiction? YESNO Do you have any actions pending? YESNO Have you ever voluntarily relinquished or surrendered a professional license or registration to practice embalming, funeral directing, or cremations while under investigation, or after initiation of a disciplinary proceeding against you or the license? YESNO | State License No. | Date issued | | | | | | | |
| placed on probation, or otherwise disciplined, in this state or any other state or jurisdiction? YESNO Do you have any actions pending? YESNO Have you ever voluntarily relinquished or surrendered a professional license or registration to practice embalming, funeral directing, or cremations while under investigation, or after initiation of a disciplinary proceeding against you or the license? YESNO | *A License Certification is required from each state* | | | | | | | | |
| Do you have any actions pending? YESNO Have you ever voluntarily relinquished or surrendered a professional license or registration to practice embalming, funeral directing, or cremations while under investigation, or after initiation of a disciplinary proceeding against you or the license? YESNO | Have you ever had any license or registration to practice embalming, funeral directing, or cremations revoked. suspended. fined. | | | | | | | | |
| Have you ever voluntarily relinquished or surrendered a professional license or registration to practice embalming, funeral directing, or cremations while under investigation, or after initiation of a disciplinary proceeding against you or the license? YES NO | placed on probation, or otherwise disciplined, in this state of | or any other state or jurisdiction? Y | 'ESNO | | | | | | |
| directing, or cremations while under investigation, or after initiation of a disciplinary proceeding against you or the license? YES NO | Do you have any actions pending? YESNO | _ | | | | | | | |
| YESNO | Have you ever voluntarily relinquished or surrendered a professional license or registration to practice embalming, funeral | | | | | | | | |
| | directing, or cremations while under investigation, or after initiation of a disciplinary proceeding against you or the license? | | | | | | | | |
| | YES NO | | | | | | | | |
| Have you ever had any license/registration application to practice funeral services denied? YESNO | | | | | | | | | |
| If a YES response briefly describe: | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| PART 3 EDUCATION INFORMATION | PART 3 EDUCATION INFORMATION | | | | | | | | |

Name of Mortuary Science Program where you graduated _____

Copy of Certified College Transcript was requested to be sent to the Funeral Board. Yes _____

Name:

PART 4 CRIMINAL HISTORY

Have you been convicted of a felony? Yes_____ No _____ If yes, briefly describe below and attach copies of court documents and an explanation of the charge, sentence, and disposition. <u>Yes responses to Background questions will require review by The Board.</u>

1)_____ 2)_____ 3)_____

PART 5 AFFIDAVIT OF APPLICANT:

I hereby state under oath that my Funeral Director and/or Embalmer license has never been canceled, suspended or revoked, placed on probation, and at the present time said license is in full force and effect. I further state there is no prosecution pending against me in any State or Federal Court for any felonious offense and that I am the identical person to whom the license was originally issued, and that the statements contained herein are true and correct to the best of my knowledge. By submitting this application, I am providing a full and complete release to the licensing authority to any and all records and documentation necessary to consider this application.

Signature: _____

Subscribed and sworn to before me this the _____ day of _____, ____A.D.

(Notary Seal)

Notary Public, in and for

County

State

My commission expires: _____



STATE OF MISSISSIPPI MISSISSIPPI STATE BOARD OF FUNERAL SERVICE 3010 LAKELAND COVE, SUITE W FLOWOOD, MS 39232 Office: (601) 932-1973 FAX: (601) 932-1901 msbfs.ms.gov

CERTIFICATION OF LICENSURE

TO THE LICENSING AUTHORITY: The person indentified below is applying for a professional license in the State of Mississippi and desires to establish with Mississippi their license in your state. Thank you for your assistance.

| | | Section 1. Appli | icant Informatior | ı | | |
|---|----------------|--------------------------|----------------------------------|-------------------|---------------------------------------|------------|
| First Name: | | Middle Initial: | | Last Name | : | |
| Date of Birth: | | | Social Security N | Number: | | |
| | Section 2 | A. Licensure Info | rmation by Respo | onding State | | |
| This will certify that the Applicant i category(s) and provide requested in | is currently l | icensed in good standing | g in this state in the following | lowing category(s |) (please circle a | pplicable |
| CATEGORY (circle applicable) | Date licensed | | Date Expires | | Exam required? (circle applicable) | |
| Embalmer | | / / | / | / | Yes | No |
| Funeral Director | | / / | | , | Yes | No |
| | Section 2 | 2B. Exam Informa | tion from Respo | nding State | | |
| The records of this State indicate the applicable). | | | | | es indicated (ple | ase circle |
| Exam (circle applicable iter | ms) | Score (% co | rrect answer) | Ma | onth & year exan | n taken |
| An examination administered by the | e Board | | | | / | |
| and prepared by the Conference. Science Section of the National Boa | and Exam | | | | | |
| administered by the Conference of I | , | | | | | |
| Service Examining Boards. | | | | | | |
| | | | | | / | |
| Arts Section of the National Board | , | | | | | |
| administered by the Conference of I Service Examining Boards. | Funeral | | | | | |
| Service Examining Boards. | | | | | / | |
| An examination prepared and admin | nistered by | | | | , | |
| this state. | | | | | / | |
| | | Section 3. Disc | ciplinary Action | | / | |
| Has Has nottaken dis | ciplinary a | | | Certification. | | |
| Details of Disciplinary Action (| | | | | | |
| | | | | | | |
| Section 4. | Signatur | e of Responding St | tate Licensing Au | ithority Staff | Member | |
| | | | | | | |
| | | | | | | |
| Signature | | Print Name | | | Date | |
| Gt. (| | | | | CT | . T |
| State: | | Phone Number | | | SEA | AL . |