



State of Utah

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
Telephone (801) 530-6628
www.dopl.utah.gov

FUNERAL SERVICE DIRECTOR *(\$160.00 fee)*

(Note: Microsoft Word users can download this form, fill in the blanks, print the form for submission and save it for their records)

Please list your <u>full legal name</u> as it appears on your driver's license, Social Security Card, etc.				
Last Name:		First Name:		Middle Name:
Social Security Number: - -			Maiden Name:	
I certify under penalty of perjury that:				
<input type="checkbox"/> I am a citizen of the United States and I have a valid US Driver License or US State ID. License/State ID Number: _____ State: ____				
<input type="checkbox"/> I am a citizen of the United States currently living outside the United States and do not have a valid US Drivers License or US State ID. Please attach a legible copy of your valid passport or other documentation to verify you are a legal citizen of the United States.				
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I have a valid US Drivers License or US State ID. License/State ID Number: _____ State: ____				
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I do not have a valid US Drivers License or US State ID. Please attach a legible copy of your current and valid government issued document showing evidence of authorization to work in the United States.				
<input type="checkbox"/> I am a foreign national not physically present in the United States.				
Mailing Address:				
City:			State:	ZIP:
<input type="checkbox"/> Male	Date of Birth:	Phone #:	E-Mail:	
<input type="checkbox"/> Female				
List all other licenses, registrations, or certifications issued by any state which you now hold or have ever held in any profession. <i>(Use additional sheets if necessary.)</i>				
Profession:		Issuing State:		
License Number:		License Status:		Issue Date:
Profession:		Issuing State:		
License Number:		License Status:		Issue Date:
Profession:		Issuing State:		
License Number:		License Status:		Issue Date:
Profession:		Issuing State:		
License Number:		License Status:		Issue Date:

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY	
License/Certificate Number: _____	
Date License/Certificate Approved/Denied: ___/___/_____	
Approved/Denied By: _____	
Reason for Denial/Other Comments: _____	

AFFIDAVIT and RELEASE AUTHORIZATION

1. I certify that am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, forgery, misrepresentation, omission of material fact; is truthful, correct, and complete; discloses all material facts regarding the applicant; and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, institutions, organization, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanction.

Signature of Applicant: _____ Date of Signature: ___/___/_____

EDUCATION REQUIREMENT: <i>(Use additional sheets if necessary.)</i>			
School Name:	Dates Attended	From:	To:
Location:	Degree Received:		Date of Graduation:
School Name:	Dates Attended	From:	To:
Location:	Degree Received:		Date of Graduation:
School Name:	Dates Attended	From:	To:
Location:	Degree Received:		Date of Graduation:

FUNERAL SERVICE ESTABLISHMENT ASSOCIATION:			
Licensed Preneed Funeral Service Establishment:			License Number:
Mailing Address:	City:	State:	ZIP:
Phone #:	E-Mail:		
Will the establishment be selling preneed contracts by use of insurance contracts? <input type="checkbox"/> Yes <input type="checkbox"/> No			

IF YOU ARE APPLYING FOR LICENSURE BY ENDORSEMENT:			
<u>Professional Employment</u>			
If you are applying for licensure by endorsement, provide a chronological list of your professional employment showing at least 5 of the last 10 years of professional employment.			
or			
If initial licensure, provide list for 2,000 hours of professional employment. <i>(Use additional sheets if necessary.)</i>			
Dates Employed:	From:	To:	Phone #:
Employer Name:			
Mailing Address:			
City:		State:	ZIP:
Dates Employed:	From:	To:	Phone #:
Employer Name:			
Mailing Address:			
City:		State:	ZIP:
Dates Employed:	From:	To:	Phone #:
Employer Name:			
Mailing Address:			
City:		State:	ZIP:

QUALIFYING QUESTIONNAIRE

Read thoroughly, and answer the questions. Do not leave any question blank.

(Note: If you have formally expunged a criminal record you do not need to disclose that criminal history.)

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you ever been denied the right to sit for a licensure examination?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any profession licensing agency, or criminal or administrative jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your clients, or to the public health, safety, or welfare because of any circumstance or condition?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Have you been terminated, suspended, reprimanded, sanctioned, or asked to leave voluntarily from a position because of drug use or abuse within the past five (5) years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Are you currently using or have you recently (<i>within 90 days</i>) used any drugs (<i>including recreational drugs</i>) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Have you ever unlawfully used any drugs for which you have not successfully completed, or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated??
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental or sexual abuse?
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Do you currently have any criminal action pending?
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (<i>i.e. plea-in-abeyance or deferred sentence</i>)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?
	<p>If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. If you answered “yes” to Questions 13, 14, 15, 16, or 17, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).</p> <p>If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.</p> <p>If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.</p> <p>A “Yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.</p>

VERIFICATION OF WORK EXPERIENCE AS A LICENSED FUNERAL SERVICE INTERN

PART 1 - TO BE COMPLETED BY THE APPLICANT:			
Complete the first section of the form and have your supervisor complete Part 2.			
Last Name:	First Name:	Middle Name:	
Mailing Address:	City:	State:	ZIP:
Intern License Number:	State of Licensure:	E-Mail:	
Signature of Applicant:			

PART 2 - TO BE COMPLETED BY SUPERVISOR			
Complete and return it to the applicant for submission with his/her funeral service director application.			
Name of Supervisor:		Funeral Service Director License Number:	
Street:			
City:		State:	ZIP:
Telephone:		E-Mail:	
Name of Funeral Service Establishment:		License Number:	
Street:			
City:		State:	ZIP:
Telephone:		FAX:	
Inclusive Dates <input type="checkbox"/> of Supervision:		from:	to:
Approximate Number of Hours Applicant Worked Per Week:		Total Number of Embalmings Performed:	
		Total Hours Worked:	
<p>I do hereby certify that the applicant has completed the internship program for licensure as a funeral service director.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>			
<p>I further certify that the applicant:</p> <p><input type="checkbox"/> is qualified and competent to practice as a licensed funeral service director.</p> <p><input type="checkbox"/> is not qualified and competent to practice as a licensed funeral service director.</p>			
<p>If applicant is not qualified, please explain the nature of the problem and recommendation for becoming qualified. <i>(Use additional sheets if necessary.)</i></p>			
<p>I further certify that the information contained in the application is truthful, correct and complete, and discloses all material facts regarding the applicant. I understand that it is unlawful and punishable as a Class A misdemeanor to apply for or obtain a license or to otherwise deal with DOPL through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement or omission.</p>			
Signature of Funeral Service Director Supervisor: _____			
Date of Signature: ____/____/____			

VERIFICATION OF WORK EXPERIENCE AS A LICENSED FUNERAL SERVICE DIRECTOR

PART 1 - TO BE COMPLETED BY THE APPLICANT:			
Complete Part 1 of this form for each employer who will be verifying your work experience. If you are applying for licensure by endorsement, provide this form for each employer comprising 5 years during the last 10 years of professional employment.			
Last Name:	First Name:	Middle Name:	
Mailing Address:	City:	State:	ZIP:
Funeral Service Director License Number:	State of Licensure:	E-Mail:	
Signature of Applicant:			

PART 2 - TO BE COMPLETED BY FUNERAL ESTABLISHMENT EMPLOYER			
Complete Part II and return it to the applicant for submission with his/her application.			
Name of Supervisor:		Funeral Service Director License Number:	
Street:			
City:		State:	ZIP:
Telephone:		E-Mail:	
Name of Funeral Service Establishment:		License Number:	
Street:			
City:		State:	ZIP:
Telephone:		FAX:	
Inclusive Dates of Supervision: from: to:			
Approximate Number of Hours Applicant Worked Per Week:		Total Hours Worked:	
<p>I do hereby certify that the applicant has completed the full time experience outlined above as a funeral service director.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I further certify that the applicant:</p> <p><input type="checkbox"/> is qualified and competent to practice as a licensed funeral service director.</p> <p><input type="checkbox"/> is not qualified and competent to practice as a licensed funeral service director.</p> <p>If applicant is not qualified, please explain the nature of the problem and recommendation for becoming qualified. (<i>Use additional sheets if necessary.</i>)</p> <p>I further certify that the information contained in the application is truthful, correct and complete, and discloses all material facts regarding the applicant. I understand that it is unlawful and punishable as a Class A misdemeanor to apply for or obtain a license or to otherwise deal with DOPL through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement or omission.</p> <p>Authorize Officer of Funeral Service Establishment: _____ Date: ____/____/____</p>			

REQUEST FOR VERIFICATION OF LICENSE

(Use this form to verify licensure from another state, if applicable.)

PART 1 -TO BE COMPLETED BY THE APPLICANT:			
Complete the first section of the form and submit it to a state in which you are currently licensed. Request that the verifying state complete the form and mail it directly to DOPL or return it to you for submission with your application.			
Last Name:	First Name:	Middle Name:	
Maiden Name:	Social Security Number: - -		
Mailing Address:	City:	State:	ZIP:
Date of Birth:	E-Mail:	Date of Graduation:	
I am requesting licensure in the State of Utah as a Funeral Service Director			
I am/have been licensed in your state under the name:		License nr in your state is/was:	
I have enclosed the necessary license verification fee in the amount of \$			
Signature of Applicant:			

PART 2 - TO BE COMPLETED BY THE VERIFYING AGENCY:	
Please furnish the information requested, sign and verify the document, and mail it directly to DOPL, or place the completed form in a sealed envelope and provide it to the applicant in person or by mail. The applicant will include the sealed verification of licensure with his/her Utah application. Thank you.	
Name of Verifying State: _____	
Name of Licensee (<i>as it appears in verifying state's records</i>): _____	
Classification of License Issued: _____	
License Number: _____ Current Status: _____	
Original Date of Licensure: ___/___/___ Expiration Date: ___/___/___	
Does your state Funeral Director License include embalming?	
<input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: _____	
Continuously Licensed:	
<input type="checkbox"/> <input type="checkbox"/> No, please explain: _____	
Licensed By:	
<input type="checkbox"/> Exam, Type: _____ Date: ___/___/___	
<input type="checkbox"/> Endorsement: from what state? _____	
Examination Scores: _____	
Education Required for Licensure: _____	
Disciplinary Action or Pending Disciplinary Action:	
<input type="checkbox"/> No <input type="checkbox"/> Yes, please provide certified copies of all Petitions, Orders, etc.	
Signature: _____	
Title: _____	
Agency: _____	
Date: ___/___/___	

(SEAL)

FUNERAL SERVICE DIRECTOR

Application Checklist for <u>Initial Licensure</u> <i>(Applications with incomplete attachments will not be considered and may be denied.)</i>	
<input type="checkbox"/>	Submit a complete DOPL application form to the address below.
<input type="checkbox"/>	Submit a copy of your high school diploma or a copy of you GED equivalent.
<input type="checkbox"/>	Submit official transcripts documenting completion of an associate degree in a mortuary science program accredited by the American Board of Funeral Service Education or other accrediting body recognized by the U.S. Department of Education. Note: Have the school send the transcript directly to DOPL. You may also have the school send the transcript to you for inclusion with your application so long as it is in a sealed envelope, bearing the school’s stamp/seal on the envelope flap.
<input type="checkbox"/>	Submit an original letter or certification from the Conference of Funeral Service Examining Board documenting your passing score on the funeral service examination.
<input type="checkbox"/>	Submit a “Verification of Work Experience as a Licensed Funeral Service Intern” form <i>(attached to this application)</i> documenting a minimum of 2,000 hours and 50 embalmings over a period of not less than one year.
<input type="checkbox"/>	Pass the Utah Funeral Service Director Law and Rule Examination . DOPL’s testing provider will electronically send the results of your examination directly to DOPL. Applicants must apply directly to PSI Examination Services at www.psiexams.com or 1-800-733-9267 to register for the Law and Rule Examination. Submit the fees directly to the testing agency.
<input type="checkbox"/>	Submit a copy of your Utah Insurance Department license, if you will be selling preneed funeral arrangement to be funded in whole or in part by an insurance policy or product.
<input type="checkbox"/>	Submit Appropriate Non Refundable Application Fee of \$160.00

Application Checklist for <u>Licensure by Endorsement</u> <i>(Applications with incomplete attachments will not be considered and may be denied.)</i> If you have been practicing fulltime as a licensed funeral service director, including embalming, in another state for 5 of the past 10 years, and are thereby applying for licensure by endorsement, complete the following in addition to submitting a completed application	
<input type="checkbox"/>	Using the “Request for Verification of License” form <i>(attached to this application)</i> , obtain verification of licensure from a state in which you are currently licensed as a funeral service director which includes embalming. Request that the verifying state(s) complete the form(s) and mail them directly to DOPL or return them to you for submission with your application.
<input type="checkbox"/>	Submit documentation from the Conference of Funeral Service Examination Board documenting your passing score on the Funeral Service Examination.
<input type="checkbox"/>	Submit a “Verification of Work Experience as a Licensed Funeral Service Director” form <i>(attached to this application)</i> documenting full time employment as a licensed embalmer or funeral service director, for 5 of the past 10 years immediately preceding the date of this application, which practice must have included embalming.
<input type="checkbox"/>	Submit an original letter or certification from the Conference of Funeral Service Examining Board documenting your passing score on the funeral service examination.

1. **Social Security Number:** Your social security number is classified as a private record under the Utah Government Records Access and Management Act. If an SSN is not provided, the application is incomplete and may be denied.
2. **Address of Record:** The address you provide on this application will be your address of record. You are responsible to directly notify DOPL of any change to your address of record.
3. **Laws and Rules:** You are required to understand Utah laws and rules pertaining to your practice. The following laws and rules are available on the Internet at www.dopl.utah.gov.
4. **Acceptable Forms of Payment:** Licensure fees can be paid by check or money order, made payable to “DOPL.” Cash and debit/credit cards (*American Express, MasterCard, and Visa*) are also accepted in person at DOPL’s main office – but not over the telephone.
5. **Mail Complete Application to:**

<p><i>By U.S. Mail</i> Division of Occupational & Professional Licensing P.O. Box 146741 Salt Lake City, Utah 84114-6741</p>	<p><i>By Delivery or Express Mail</i> Division of Occupational & Professional Licensing 160 East 300 South, 1st Floor Lobby Salt Lake City, Utah 84111</p>
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6. **Telephone Numbers:**

(801) 530-6628
 (866) 275-3675 – Toll-free in Utah