

**APPLICATION FOR EMBALMER
AND FUNERAL DIRECTOR LICENSE BY
ENDORSEMENT OR RECIPROCITY**



**GEORGIA STATE BOARD OF FUNERAL SERVICE
237 COLISEUM DRIVE
MACON, GA 31217**

INFORMATION AND INSTRUCTIONS FOR COMPLETION OF THE APPLICATION

Embalmer and Funeral Director licenses expire on March 31 of even years; therefore, while the licenses are valid for two years, your initial license granted from this application may be valid for a shorter period of time due to the relation between the date the initial license is issued and the expiration date for all licenses.

Application fees are non-refundable.

The Certificate of Embalming Education is to be mailed to the school where education was received by applicants for initial licensure only. The school will mail the completed certificate to the applicant in a sealed envelope. The sealed envelope must be submitted by the applicant with this application.

The Georgia Laws & Rules Examination is required for reciprocity or endorsement applicants. Effective October 1, 2009, the examination will be administered by PSI. More information regarding PSI will be available prior to October 1. The Professional Licensing Boards Division is not scheduling exams at this time.

If the applicant desires a decorative wall certificate for the license(s), an application for a decorative wall certificate is available on the Board website. The application may be submitted after the issuance of the license(s). Please see Fee Schedule for the appropriate fee.

PLEASE REVIEW THE BOARD RULES BELOW REGARDING LICENSURE FOR EMBALMER AND FUNERAL DIRECTOR IN GENERAL AND BY ENDORSEMENT.

****CAREFUL ATTENTION SHOULD BE PAID TO THE REQUIREMENTS IN THE STATE WHERE THE ORIGINAL LICENSES WERE ISSUED. IF THE STATE OF ORIGINAL LICENSURE DOES NOT REQUIRE SUBSTANTIALLY SIMILAR EDUCATION AND APPRENTICESHIP, THE BOARD WILL BE UNABLE TO GRANT LICENSURE IN GEORGIA BY RECIPROCITY.****

250-5-.01 General Requirements: Embalmer. Amended.

(1) An applicant for licensure as an embalmer must satisfy the following requirements:

- (a) be at least 18 years of age at the time of application;
- (b) be of good moral character; and
- (c) have graduated from a high school or have earned a general education development certificate.

(2) An applicant for licensure as an embalmer shall make written application to the Board on forms which will be provided upon request, shall submit the appropriate fee, and shall provide proof of the following:

- (a) graduation from a college of funeral service accredited by the American Board of Funeral Service Education or such other college specifically approved by the Board.
- (b) 3120 hours of service as an apprentice as specified in Rule 250-4-.02 and in O.C.G.A. Section 43-18-50.
- (c) an affidavit which states that the apprentice assisted in embalming 50 bodies and which specifies the names and dates of death.

(3) An application for licensure as an embalmer shall be reviewed only after it is complete. This application shall ask questions regarding the applicant's conviction of a felony or misdemeanor and violations or sentences under the First Offender Act. An application must be complete at least 15 days prior to a Board meeting, and the Board shall accept or reject each application by majority vote.

250-5-.03 Licensure by Endorsement: Embalmer.

The Board may, upon payment of the appropriate fee, issue without the requirement of taking the national examination an embalmer license to any person licensed as an embalmer by another State, territory, or country, or by the District of Columbia. An applicant for licensure as an embalmer by endorsement must successfully pass a written examination approved by the Board which test knowledge of the law of this state relating to funeral directors and must either:

- (a) satisfy the requirements listed in Rule 250-5-.01 above; or**
- (b) hold a valid embalmer's license in a jurisdiction whose requirements for licensure as an embalmer are substantially equal to the requirements for licensure as an embalmer in Georgia; or**
- (c) have been engaged in the active practice of funeral service as a licensed funeral director and embalmer for three years immediately preceding this application.**

250-5-.04 General Requirements: Funeral Director. Amended.

(1) An applicant for licensure as a funeral director must satisfy the following requirements:

- (a) be at least 18 years of age at the time of application; and**
- (b) be of good moral character;**
- (c) have graduated from a high school or have earned a general education development certificate.**

(2) An applicant for licensure as a funeral director shall make written application to the Board on forms which will be provided upon request, shall submit the appropriate fee, and shall provide the following:

- (a) proof of valid licensure as an embalmer in the State of Georgia.**
- (b) an affidavit which states that the apprentice assisted with 50 funerals and which specifies the names and dates of death.**

(3) An application for licensure as a funeral director shall be reviewed only after it is complete. This application shall ask questions regarding the applicant's conviction of a felony or misdemeanor and violations or sentences under the First Offender Act. An application must be completed at least 15 days prior to a Board meeting, and the Board shall accept or reject each application by majority vote.

250-5-.06 Licensure by Endorsement Funeral Director.

The Board may, upon payment of the appropriate fee, issue without the requirement of taking the national examination a funeral director license to any person licensed as a funeral director by another State, territory, or country, or by the District of Columbia. An applicant for licensure as a funeral director by endorsement must pass the Board-approved Jurisprudence Examination on Georgia law regarding funeral directing on or after January 1, 1991, and either:

- (a) satisfy the requirements listed in Rule 250-5-.04 above, or**

(b) hold a valid funeral director's license in a jurisdiction whose requirements for licensure as a funeral director are substantially equal to the requirements for licensure as a funeral director in Georgia; or

(c) have been engaged in the active practice of funeral service as a licensed funeral director and embalmer for three years immediately preceding this application.

(d) no endorsement embalmer or funeral director license may be issued on the basis of another reciprocal or endorsement license.

A COMPLETED APPLICATION MUST INCLUDE THE FOLLOWING:

- **Every item of information answered completely, and to the best of the applicant's ability.**
- **Every signature area signed by the applicant and accompanied by the signature and seal of the notary.**
- **The appropriate fee for licensure according to the Fee Schedule.**
- **The Certificate of Embalming Education, prepared, signed, and notarized by the school from which the education was obtained. The certificate must be in a sealed envelope from the school.**
- **Letter(s) of certification from the state(s) in which you are licensed.**
- **Letter, signed & notarized, from previous employer verifying previous employment as funeral director &/or embalmer for the past 3 years.**
- **Certified documentation to support any answer of "Yes" to questions regarding criminal convictions or disciplinary actions taken against you. Such documentation includes, but is not limited to, certified court dispositions that detail the charges and the final outcome of the case(s); certified copies of discharge orders; certified copies of public board orders issued by a professional licensing agency; and notarized letters on agency letterhead from probation officers regarding probationary status.
NOTE: Printouts from criminal background checks obtained from law enforcement agencies are not sufficient by themselves for documenting support of your answer(s).
- **A copy of the law of the state from which you were originally licensed by examination, or reference to the website from which the law can be reviewed.**

**GEORGIA STATE BOARD OF FUNERAL SERVICE
FEE SCHEDULE
FUNERAL ESTABLISHMENT AND CREMATORY**

INITIAL APPLICATION FEE - FUNERAL ESTABLISHMENT	\$150.00
INITIAL APPLICATION FEE - CREMATORY	\$150.00
RENEWAL - IF RECEIVED ON OR BEFORE JUNE 30 OF THE RENEWAL YEAR	\$140.00
LATE RENEWAL - RECEIVED BETWEEN JULY 1 AND JULY 31 OF THE RENEWAL YEAR	\$390.00
CHANGE ESTABLISHMENT NAME	\$150.00
CHANGE OF ESTABLISHMENT LOCATION/ADDRESS	\$150.00
CHANGE OF FUNERAL DIRECTOR IN FULL AND CONTINUOUS CHARGE	\$ 50.00
CHANGE OF OWNERSHIP	NO FEE
RE INSPECTION, IF INITIAL INSPECTION IS FAILED	\$100.00

APPRENTICESHIP REGISTRATION

INITIAL APPLICATION FEE	\$ 40.00
RENEWAL - IF RECEIVED ON OR BEFORE MARCH 31 OF THE RENEWAL YEAR	\$ 70.00
LATE RENEWAL - RECEIVED BETWEEN APRIL 1 AND APRIL 30 OF THE RENEWAL YEAR	\$140.00
REINSTATEMENT OF APPRENTICESHIP REGISTRATION (AT THE BOARD'S DISCRETION)	\$180.00
CHANGE OF LOCATION	\$ 20.00
CHANGE OF SUPERVISING EMBALMER &/ OR FUNERAL DIRECTOR	\$ 20.00
CERTIFICATION OF APPRENTICESHIP HOURS	\$ 25.00

EMBALMER AND FUNERAL DIRECTOR

EMBALMER APPLICATION FEE	\$ 50.00
FUNERAL DIRECTOR APPLICATION FEE	\$ 50.00
APPLICATION FEE – LICENSE BY ENDORSEMENT OR RECIPROCITY – FUNERAL DIRECTOR ONLY (MUST HAVE A VALID GEORGIA EMBALMER LICENSE)	\$175.00
APPLICATION FEE – LICENSE BY ENDORSEMENT OR RECIPROCITY – EMBALMER ONLY	\$175.00
APPLICATION FEE – LICENSE BY ENDORSEMENT OR RECIPROCITY – FUNERAL DIRECTOR & EMBALMER	\$350.00
RENEWAL FEE – FUNERAL DIRECTOR - IF RECEIVED ON OR BEFORE MARCH 31 OF RENEWAL YEAR	\$100.00
LATE RENEWAL FEE – FUNERAL DIRECTOR - RECEIVED BETWEEN APRIL 1 AND APRIL 30 OF RENEWAL YEAR	\$200.00
REINSTATEMENT FEE - FUNERAL DIRECTOR – AT BOARD'S DISCRETION AFTER APRIL 30 OF RENEWAL YEAR	\$300.00
RENEWAL FEE – EMBALMER - IF RECEIVED ON OR BEFORE MARCH 31 OF RENEWAL YEAR	\$100.00
LATE RENEWAL FEE – EMBALMER - RECEIVED BETWEEN APRIL 1 AND APRIL 30 OF RENEWAL YEAR	\$200.00
REINSTATEMENT FEE – EMBALMER - AT BOARD'S DISCRETION AFTER APRIL 30 OF RENEWAL YEAR	\$300.00
CHANGE OF NAME/ADDRESS FEE	\$ 25.00
INACTIVE STATUS APPLICATION FEE FOR EACH LICENSE	\$ 35.00
APPLICATION FEE FOR REACTIVATION OF EACH LICENSE	\$100.00
GEORGIA LAWS & RULES EXAMINATION FEE: CONTACT PSI: INFO AVAILABLE PRIOR TO OCTOBER 1, 2009	
NATIONAL EXAMINATION & FEE: CONTACT THE CONFERENCE 1885 SHELBY LANE FAYETTEVILLE, AR 72704 TELEPHONE: 479.442.7076; FAX: 479.442.7090	
APPLICATION FOR DUPLICATE LICENSE IDENTIFICATION CARD & WALL CERTIFICATE	\$ 25.00
APPLICATION FOR DECORATIVE WALL CERTIFICATE, EACH LICENSE	\$ 50.00
APPLICATION FOR APPROVAL AS A CONTINUING EDUCATION PROVIDER	\$250.00

NOTE: FEES PAYABLE BY CHECK OR MONEY ORDER TO GEORGIA STATE BOARD OF FUNERAL SERVICE. FEES MAY BE CHANGED AT THE DISCRETION OF THE BOARD WITHOUT NOTICE. REQUESTS FOR REFUND MUST BE IN WRITING. APPLICATION FEES ARE NON-REFUNDABLE. RETURNED CHECKS WILL BE DEALT WITH IN ACCORDANCE WITH CODE SECTION 16-9-20 OF THE CRIMINAL CODE OF GEORGIA.

GEORGIA STATE BOARD OF FUNERAL SERVICE
237 COLISEUM DRIVE
MACON, GA 31217
478.207.2440
www.sos.ga.gov/plb/funeral

DO NOT WRITE IN THIS SECTION

RECEIPT # _____
 AMOUNT _____
 APPLICANT # _____
 INITIAL _____ DATE _____

**APPLICATION FOR EMBALMER AND/OR FUNERAL DIRECTOR LICENSES BY
 ENDORSEMENT OR RECIPROCITY**

REASON FOR APPLICATION: *Make checks payable to: The Georgia State Board of Funeral Service*

___ Initial Embalmer & Funeral Director Licenses	\$350.00 Non-refundable
___ Initial Embalmer License Only	\$175.00 Non-refundable
___ Initial Funeral Director License Only (Embalmer license # _____)	\$175.00 Non-refundable

FIRST NAME **MIDDLE NAME** **LAST NAME** **SUFFIX (JR, SR, ETC)**

SOCIAL SECURITY NO.*: _____ - _____ - _____

PLACE OF BIRTH:

*THIS INFORMATION IS AUTHORIZED TO BE OBTAINED & DISCLOSED TO STATE & FEDERAL AGENCIES PURSUANT TO O.C.G.A. § 19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 1001.

CITY **STATE OR COUNTRY**

AGE: _____

___ **I AM A U S CITIZEN**

___ **I AM NOT A U S CITIZEN, BUT AM A QUALIFIED ALIEN UNDER THE FEDERAL IMMIGRATION & NATURALIZATION ACT, & I AM LAWFULLY PRESENT IN THE UNITED STATES. (COMPLETE & SUBMIT ATTACHED FORM WITH COPY OF DOCUMENTATION)**

DATE OF BIRTH : ____/____/____

GENDER: ___ **MALE** ___ **FEMALE**

PHYSICAL RESIDENCE ADDRESS

STREET(P O BOX NOT ACCEPTABLE) **CITY** **COUNTY** **STATE** **ZIP CODE** **TELEPHONE**

EMAIL ADDRESS (For Communication From the Board): _____

Acknowledgement of your application will be sent by email. If any additional information is needed, email is the most efficient way for the Board staff to contact you. Also, useful information such as notifications regarding license renewal will be sent via email. Please notify the Board of any email address change. Your email address will not be shared with any third party.

MAILING ADDRESS (If you are granted a license, your name, mailing address and license number become public information and will be posted on the Secretary of State's website. The mailing address is used for renewal notices, and application processing.):

STREET OR P.O. BOX **CITY** **COUNTY** **STATE** **ZIP CODE** **TELEPHONE**

PROFESSIONAL BACKGROUND INFORMATION

The Applicant must answer the following questions. If your answer is "Yes" to any of the following questions, provide explanation, including certified documentation. Such documentation includes, but is not limited to, court dispositions and disciplinary action by a licensing board. Attach additional sheets, if necessary.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you now hold, or have you in the past held, a funeral director or embalmer license in any state? If "Yes," submit an original notarized letter from the state(s) of licensure.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you been active in the practice of funeral service as an embalmer and funeral director within the past three years immediately prior to the filing of this application?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you had revoked, suspended, or otherwise sanctioned any license issued to you by any board, agency, or licensing authority in Georgia or any other state?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Were you denied issuance of or, pursuant to any disciplinary proceedings, refused renewal of a license by any board, agency, or licensing authority in Georgia or any other state?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you knowingly failed to renew a license during an investigation or disciplinary action?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you been subject to disciplinary action or had your membership revoked by a professional organization governing the practice of that profession?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	To the best of your knowledge, is there any disciplinary action pending against you by any licensing board or professional organization?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been arrested, charged, convicted, sentenced, entered a plea of guilty or nolo contendere, or been given First Offender status for any felony, misdemeanor (other than a minor traffic violation), or any crime involving moral turpitude? (DWI and DUI are not minor traffic violations.) If "Yes," attach a certified copy of the court disposition and a notarized statement on agency letterhead from the probation officer giving current status of probation.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you unable to practice with reasonable skill and safety due to illness or use of alcohol, drugs, narcotics, chemicals or any other types of material, or as a result of any mental or physical condition? If so, attach notarized physician statement.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you had any suit filed against you related to the practice of a profession?

AFFIDAVIT

I hereby swear or affirm that the answers and information contained in this section of the application are true, complete, and correct. I understand that making a false or misleading statement on this form is a crime and may result in criminal prosecution and in my being denied a license from the Georgia State Board of Funeral Service. (See O.C.G.A. § 43-1-19 & O.C.G.A. § 16-10-71.)

STATE OF GEORGIA
 COUNTY OF _____

 SIGNATURE OF THE APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS
 _____ DAY OF _____, _____

 PRINT NAME

 NOTARY PUBLIC
 MY COMMISSION EXPIRES: _____

 DATE

DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

(SUBMIT THIS PAGE ONLY IF YOU CHECKED THAT YOU ARE NOT A US CITIZEN ON PAGE 1)

Please check the box which applies to your status. You must provide copies of the required documentation as an attachment to this form.

Alien Lawfully Admitted for Permanent Residence:

- _____ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
- _____ - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

Asylee:

- _____ - INS Form I-94 annotated with stamp showing admission under §208 of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated "27a.12(a) (5)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A5"
- _____ - Grant letter from the asylum office of INS
- _____ - Order of an immigration judge granting asylum

Refugee:

- _____ - INS Form I-94 annotated with stamp showing admission under §207 of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (3)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A3"
- _____ - INS Form I-571 (Refugee Travel Document)

Alien Paroled Into the U.S. for at Least One Year:

- _____ - INS Form I-94 with stamp showing admission for at least one year under §212(d) (5) of the INA

Alien Whose Deportation or Removal Was Withheld:

- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (10)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A10"
- _____ - Order from an immigration judge showing deportation withheld under §241 (b) (3) of the INA

Alien Granted Conditional Entry:

- _____ - INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (1) (3)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A3"

Cuban/Haitian Entrant:

- _____ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6
- _____ - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7
- _____ - INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under §212(d) (5) of the INA

Alien Who Has Been Battered or Subjected to Extreme Cruelty:

- _____ - INS petition and appropriate supporting documentation

Name of Applicant

INFORMATION REGARDING ORIGINAL LICENSURE

Please provide the following information regarding your original license(s):

State in which you were originally licensed by examination: _____

Embalmer License Number: _____

Issue Date: _____ Expiration Date: _____

Funeral Director License Number: _____

Issue Date: _____ Expiration Date: _____

Does this state issue one license that allows you to perform both embalming and funeral directing services?
_____ Yes _____ No

Academic Education Required for Licensure (HS/GED, College): _____

Length of Mortuary Course: _____ Length of Apprenticeship: _____

Type of State Examination(s) Required:

Embalmer: _____ Minimum Passing Score: _____

Funeral Director: _____ Minimum Passing Score: _____

- Submit an original notarized letter of certification for the license(s) listed above from the licensing agency of the state in which you were licensed by examination.

AFFIDAVIT

I hereby swear or affirm that the answers and information contained in this section of the application are true, complete, and correct. I understand that making a false or misleading statement on this form is a crime and may result in criminal prosecution and in my being denied a license from the Georgia State Board of Funeral Service. (See O.C.G.A. § 43-1-19 & O.C.G.A. § 16-10-71.)

STATE OF GEORGIA
COUNTY OF _____

SIGNATURE OF THE APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ DAY OF _____, _____

PRINT NAME

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

DATE



**OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440**

AUTHORIZATION FOR BACKGROUND INVESTIGATION

I authorize the Professional Licensing Boards Division (“Division”) to conduct a background investigation of me to determine my suitability for a licensure. I give my consent for full and complete disclosure of all records and information concerning myself to the Division or authorized representatives, whether such records and information are of a public, private, or confidential nature, to include criminal history records. This authorization will remain in effect for the duration of my active licensure status with this state or until cancelled by me in writing.

_____	_____	_____
Full Name Printed	Sex	Race
_____		_____
Social Security Number		Date of Birth
_____		_____
Place of Birth (City/State)		Aliases or Maiden Name
_____		_____
Street Address		Home Phone Number
_____		_____
City, State, Zip Code		Work Phone Number
_____		_____
Signature		Date

