



State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
Mortuary Science Section
P.O. Box 110806
333 Willoughby Avenue, 9th Floor
Juneau, Alaska 99811-0806
Telephone: (907) 465-2691 ★ E-mail: license@alaska.gov

EMBALMER LICENSE APPLICATION PACKET

AS 08.42.020(a) states in part: "A person may not engage in the practice of mortuary science or hold out as being engaged in the practice unless licensed as an embalmer or funeral director by the department."

GENERAL INSTRUCTIONS

Please read the application and all the instructions carefully. It is the applicant's responsibility to completely and accurately fill out the application and submit all required supporting documents. It is also the applicant's responsibility to request official transcripts and original verifications of licensure or apprenticeship to be sent to this office. If the supporting documents show a name other than the one on the application (e.g., because of marriage, divorce, or any other reason), include an explanation and a certified true copy of the document that supports that change (e.g., marriage certificate, divorce decree, court order of name change, etc.). Incomplete or incorrect documents will be returned and cause delays in processing. Please type or print all requested data. If space for any answer is insufficient, use an additional sheet and specify the question to which it relates.

All documents must be originals or certified true copies of the original documents. To obtain a certified true copy, take the original documents and the photocopies to a notary public so s/he can compare each original document to its copy. Write or type "true copy of the original" on the photocopy and have the notary attest to its authenticity by including the notary's signature and seal.

The funeral service exam sponsored by The International Conference of Funeral Service Examining Boards is offered on an as-needed basis in Alaska. Whether applying by education or reciprocity, upon approval of the application, an applicant must also take and pass the Alaska state law examination, which covers Alaska's vital statistics and mortuary science licensing statutes; the applicant will receive study material for the state exam from the division. Only one state exam is given to both embalmer and funeral director applicants. The exams are offered in Anchorage, Fairbanks, and Juneau only.

APPLICATION FOR LICENSURE BY EDUCATION

The following documents and fees must be on file with the Division before the file will be reviewed:

- 1. APPLICATION - completed, signed, and notarized, including a recent head and shoulders photograph. The notary's seal must overlie a portion of the photograph.
2. FEES - Make check or money order payable to the State of Alaska.
\$50 - Nonrefundable application fee \$60 - State law exam fee* \$160 - Embalmer license
*Applicants for both embalmer and funeral director licenses need to pay the state exam fee only once, since there is only one exam for both areas.
3. EDUCATION - Official transcript from an accredited school or college of mortuary science.
4. EXAMINATION - Official copy of examination scores; an average grade on all exams of at least 75 percents with no individual subject grade than 70 percent is required (AS 08.42.060(b)).
• State law examination. Once an application is complete you will be contacted by this office regarding scheduling.
• International Conference of Funeral Service Examination Boards (ICFSEB). Once an application is complete, individual information will be submitted to ICFSEB. ICFSEB will contact applicants for fee payment and scheduling.
5. TRAINING - Verification of one year of embalmer apprenticeship training (p. 3).
6. RELEASE - Completed Authorization for Release of Records form (p. 7).

APPLICATION FOR LICENSURE BY RECIPROCITY - "(a) The department may recognize the license issued to an embalmer or funeral director from another state if the applicant

(1) furnishes proof satisfactory to the department that the applicant (A) has complied, in the state in which the applicant is licensed, with requirements substantially equal to the requirements of this chapter; or (B) meets the applicable requirements for the license for which the applicant is applying except for the apprenticeship and examination provisions and that the applicant is licensed in another state and has practiced mortuary science for at least one year in a state where the applicant is licensed; and

(2) takes and passes the [state law] examination" AS 08.42.070(a).

In addition to items 1 – 3 and 6 above required for licensure, the following items must be filed with the division:

4. LICENSE VERIFICATION - Original verification (p. 6) sent directly from each state in which you hold or have held a license as an embalmer.
5. APPRENTICE VERIFICATION - Proof of one year of apprenticeship training (p. 3); **OR**
WORK EXPERIENCE VERIFICATION - Original verification (p. 5) sent directly from one or more former employers as proof of at least one year of active licensed practice in a state where applicant is/was licensed.

COURTESY LICENSES

The department will issue a courtesy license to an applicant for the recognized limited purposes of (1) provision of professional services in an emergency situation specifically recognized by the department; or (2) instruction or provision of professional services at a clinic or seminar focused on a subject in which the applicant is a specialist. The applicant must submit a completed application; \$100 courtesy license fee; verification of a current license in the profession in another licensing jurisdiction that confirms the license is active, in good standing, and covers the scope of practice required for the limited purpose as stated; a description of the limited purpose of the courtesy license and the applicant's intended scope of practice under it; a notarized statement that the applicant is not a resident of Alaska; and a second notarized statement that the applicant has not previously been denied a license or had a license revoked for the profession in this or another licensing jurisdiction. A courtesy license does not authorize the holder to practice the profession outside the scope of the limited purpose for which the courtesy license is issued and the license is valid for no more than 90 consecutive days. The department will not issue more than two courtesy licenses for the profession to an individual within a consecutive 18-month period.

OTHER FEES

Wall certificate (suitable for framing), with initial application or subsequent written request.....	\$20
Duplicate license fee (with written request).....	\$5
Verification of licensure to another state (with written request).....	\$20
Returned check fee	\$20
Address change (must be in writing).....	no fee

GENERAL INFORMATION

APPLICATION PROCESSING – The amount of time it takes to process the application varies, depending on when all complete and correct documents and fees are received by the division. When the application and supporting documents are received, they are reviewed for completeness. If the application is complete and correct, all supporting documents have been received, and all fees have been paid, the applicant will be notified so arrangements can be made to take the examination. If the application is incomplete, the applicant will be notified of incomplete and/or incorrect documents and fees. If the application is not approved for licensure, you will receive a written explanation of the basis of that denial and information on how to appeal the decision.

SPECIAL ACCOMMODATIONS FOR EXAMINATION – Programs under the jurisdiction of the Division of Corporations, Business and Professional Licensing are administered in accordance with the Americans with Disabilities Act. If you require a special accommodation when taking the licensing examination, you must submit a completed "Application for Examination Accommodation for Candidates with Disabilities" form. This form is available on the division's website: www.commerce.state.ak.us/occ/home.htm or contact the division to request the form.

SOCIAL SECURITY NUMBERS – AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed. If you are a foreign citizen unable to obtain a U.S. Social Security Number, please contact the division for further instructions.

PAYMENT OF CHILD SUPPORT AND STUDENT LOANS - If the Alaska Commission on Postsecondary Education has determined you are in loan default or if the Alaska Child Support Enforcement Division has determined you are in arrears on child support, you will be issued a nonrenewable temporary license valid for 150 days. Contact Postsecondary Education at 1-800-441-2962 or (907) 465-2962 or Child Support Services at (907) 269-6657 if your last name begins with A –M; Contact (907) 269-6845 if your last name begins with N – Z, or 1-800-478-3300 to resolve payment issues.

LICENSE TERM – The professional license is a two-year license. All embalmer licenses expire December 31 of even-numbered years regardless of the date of issuance, except new licenses issued within 90 days of the expiration date will be issued through the next biennium. One notice of renewal will be sent to the last known address of record approximately 30 days before license expiration.

ADDRESS CHANGES – In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division of Corporations, Business and Professional Licensing, in writing, of changes of address. The address of record with the division will be used to send renewals and all other official notifications and correspondence.

ABANDONMENT – Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice and the application fee is forfeited. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of license and other fees paid. If no request for refund is received, all fees are forfeited.



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EMBALMER LICENSE APPLICATION

Application fee - \$50 Embalmer License - \$160
State law exam fee - \$60

Application by: [] Education [] Reciprocity [] Courtesy License - \$100

Name Last First Middle Maiden/Other

Social Security Number Birthdate Sex

Mailing Address City State ZIP Code

Residence Address: City State ZIP Code

Telephone - Business Home

E-mail Address:

EDUCATIONAL HISTORY - List accredited school or college where mortuary science training was received; have official transcripts sent directly to the Division of Corporations, Business and Professional Licensing.

Table with 5 columns: Name of School, Location, From Mo./Yr., To Mo./Yr., Degree Awarded /Year or Number of Hours

LICENSE HISTORY - List all current and previous embalmer licenses held in any state, territory, or country; have verifications completed by issuing agencies and sent directly to the Division of Corporations, Business and Professional Licensing. If none, state N/A.

Table with 5 columns: Jurisdiction, License #, Date of Issue, Status, By Examination/ Reciprocity

PRACTICE/APPRENTICESHIP HISTORY - List employment and/or private practice work experience as an embalmer since first being licensed anywhere; if applying by "education," the apprenticeship training must have been at least one year of training under the supervision of an embalmer licensed in Alaska (verification required).

Table with 5 columns: Employer/Associate, Address, Dates of Employment, Full-time/ Part-time, Position

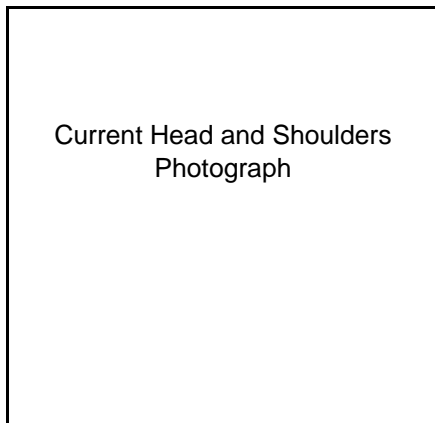
PROFESSIONAL CONDUCT - If the answer to any of the following questions is yes, please explain fully in a separate, signed affidavit and attach legal documentation as applicable.

Have you engaged in any of the following acts or omissions? (AS 08.42.090.)

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Fraud or misrepresentation in obtaining a license?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Misrepresentation or fraud in the practice of mortuary science?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. False or misleading advertising?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Aiding or abetting an unlicensed person to practice mortuary science?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Using a casket or part of a casket which has previously been used as a receptacle for the burial or other final disposition of another dead human body?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Refusing to promptly surrender the custody of a dead human body upon the order or the person lawfully entitled to custody?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Solicitation of a dead human body by the licensee, his agents, servants or employees, if solicitation occurs after death, or while death is impending, but this does not prohibit advertising or sales made on a pre-need basis?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Employment by the licensee of any person for the purpose of calling upon individuals or institutions to influence them to turn over a dead human body to a particular licensee immediately before an impending death or after death?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The direct or indirect payment or offer of payment for the purpose of obtaining a dead body by the licensee, his agents, servants or employees immediately before an impending death or after death?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Immediately before impending death or after death, solicitation or acceptance by a licensee of any payment for recommending or causing a dead human body to be disposed of in a specific crematory, mausoleum or cemetery; however, this section does not prevent the recommendation or solicitation for sales of space and merchandise in a specific crematory, mausoleum or cemetery, if the licensee has an ownership interest in the specific crematory, mausoleum or cemetery and the ownership interest is disclosed at the time of the solicitation, recommendation or sale?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Violation of a state law or regulation or municipal ordinance or regulation or federal law or regulation affecting the disposition of a dead human body, or contracts relating to the disposition of a dead human body?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Violation of any of the provisions of AS 08.42?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Been convicted of a felony involving moral turpitude?..... | <input type="checkbox"/> | <input type="checkbox"/> |

Please be aware that all information supplied with this application will be available to the public unless required to be kept confidential by state or federal law.

I certify that the information in this application is true and correct to the best of my knowledge. I further certify that all credentials and supporting documents supplied by me are true and correct and that the photograph below is a true likeness of me taken within the past 60 days. I understand that any false information or falsification of documents may result in failure to obtain, or subsequent revocation of, a license to practice embalming in Alaska.



Sign Here

Signature of Applicant

SUBSCRIBED AND SWORN TO before me on _____ (date).

Notary Public, State of _____

My Commission Expires: _____

NOTARY SEAL

NOTE: NOTARY PUBLIC SEAL MUST OVERLIE A PORTION OF THE PHOTOGRAPH



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MOR

AFFIDAVIT OF EMBALMER APPRENTICESHIP TRAINING

This form must be completed and signed by the licensed embalmer who supervised the training. Please type or print the requested information. Training verified by the supervisor must have been done within the time frame of a valid trainee permit and in accordance with 12 AAC 50.200 (copy on reverse).

I certify that the trainee named below was under my direct supervision and satisfactorily completed the embalmer apprenticeship requirements of AS 08.42 and 12 AAC 50. I further certify that

- s/he completed at least 24 embalmings of dead human beings during the period _____ to _____ (dates - minimum one year) and that the apprenticeship consisted of at least 30 hours of training per week, excluding up to 30 days of leave time allowed under 12 AAC 50.200(e); **OR**
- apprenticeship training was terminated before completion of the full period; I supervised training from _____ to _____ (dates) and listed below are the requirements the trainee completed during that period.

Full Name of Trainee: _____

Trainee Permit No.: _____ Issue Date of Trainee Permit: _____

Name of Establishment Where Training was Received: _____

Address _____

Supervisor's Name: _____ License Number: _____

Actual training completed (you must state type and number of embalmings, removals, or other duties performed): _____

Sign Here

 Signature of Supervisor

 Date

SUBSCRIBED AND SWORN TO before me on _____ (date)

Notary Public, State of _____

My Commission Expires: _____

12 AAC 50.200. APPRENTICESHIP TRAINING. (a) Apprenticeship training must be provided by a sponsor approved under 12 AAC 50.100.

(b) A funeral director trainee shall document at least one year of apprenticeship training that was supervised by a sponsor that meets the requirements of 12 AAC 50.100 and includes experience in the following areas:

(1) assisting or participating in the preparation of at least 24 funerals, including all necessary documentation required by law;

(2) assisting in the arrangement of a selection room, including buying, pricing, and providing a description of each casket.

(c) An embalmer trainee shall document at least one year of apprenticeship training that was supervised by a sponsor that meets the requirements of 12 AAC 50.100 and includes experience in the following areas:

(1) assisting in the preparation and embalming of at least 24 deceased human bodies, including cosmetic application, dressing, and casket preparation;

(2) making removals of human bodies.

(d) Each embalmer and funeral director trainee shall submit case reports on forms provided by the department, for each of the 24 funerals or embalming required in (b) or (c) of this section. Unless the department finds good cause to grant an extension under this subsection, six case reports shall be submitted every three months and shall be signed by the trainee and the sponsor. If a trainee is unable to complete six case reports in a three-month period, the trainee shall submit the case reports that were completed and a written request for an extension explaining why the trainee was unable to complete all six cases within the time period specified under this section. The department will grant the request for an extension if it finds good cause outside of the control of the trainee.

(e) An apprenticeship must consist of training of a minimum of 30 hours per week, excluding up to 30 days of leave time per year for the trainee.

(f) Apprenticeship training as a funeral director or embalmer may be earned concurrently. If the training is not completed within one year, the trainee may apply for renewal of the permit for one year under AS 08.42.085(c).

(g) Upon completion of the apprenticeship training, the sponsor shall complete an affidavit on a form provided by the department, stating that the trainee has satisfactorily completed the apprenticeship requirements of AS 08.42 and this chapter under the sponsor's direct supervision. If the apprenticeship training is terminated before completion of the apprenticeship, the sponsor shall complete an affidavit on a form provided by the department, stating what requirements of AS 08.42 and this chapter that the trainee completed under the sponsor's direct supervision.



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EMBALMER WORK EXPERIENCE VERIFICATION

PART I

INSTRUCTIONS TO APPLICANT: Type or print the information needed to complete Part I of this form. Forward the form to a current or former employer(s) who supervised you in a funeral home or other mortuary establishment. The information requested below must be verified by the supervising employer. The blank form may be photocopied for additional requests. Upon completion of Part II, the employer must return the form directly to the Division of Corporations, Business and Professional Licensing.

I, _____, am applying for a license to practice as an embalmer in Alaska and authorize you to release information as required of this form.

Signature _____ SSN _____

Address _____ Employment Dates _____

PLEASE DO NOT DETACH

PART II

INSTRUCTIONS TO EMPLOYER: Please complete this form and return it directly to the Division of Corporations, Business and Professional Licensing at the address at the top of the page. The verification is not to be returned to the applicant.

- 1. Employee's position: _____
2. Dates you supervised employee: _____
3. Location where you supervised employee: _____

You must provide details regarding the employee's responsibilities or other pertinent information, including disciplinary information, if any. AS 08.42.070(a)(1) requires documentation of a minimum of one year of active, licensed practice in mortuary science in a state where the applicant is/was licensed.

Four horizontal lines for providing details regarding the employee's responsibilities or other pertinent information.

Signature: _____ Title: _____

Printed Name: _____ Date: _____

Funeral Est. Name: _____

Mailing Address: _____



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MOR

AUTHORIZATION FOR RELEASE OF RECORDS

To Whom It May Concern:

I, _____

residing at _____

authorize the Alaska Division of Corporations, Business and Professional Licensing and its investigators to examine my medical, dental, employment, and education records, and any records pertaining to litigation, suits, judgments and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business and Professional Licensing and its investigators.

I authorize the Division to discuss my records with persons or organizations which are considered appropriate by the Division in connection with an official investigation, and to provide copies of my records to those persons or organizations considered appropriate by the Division.

This release also applies to any documents or records which contain information pertaining to psychiatric, drug or alcohol evaluation, diagnosis, or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatment.

I request that upon presentation of this release, or a certified true copy of it, that you provide copies of those records to the Division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with my application for initial issuance of a license as an embalmer. This authorization expires one year from the date of my signature below.

Signature: _____

Date: _____

Social Security Number: _____

Date of Birth: _____

Home Telephone: _____

Work Telephone: _____