

MONTANA BOARD OF FUNERAL SERVICE**P.O. Box 200513****(301 S Park Street, 4th Floor - Delivery)****Helena, Montana 59620-0513****(406) 444-5711 FAX (406) 841-2305****E-MAIL: dlibsdfnr@mt.gov WEBSITE: <http://www.funeral.mt.gov>**

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED

Please allow two weeks for processing from the date that the Board has a complete routine application. Non-routine applications must be reviewed by the Board at a Board meeting. A completed application must be received by the Board 15 business days prior to a scheduled Board meeting. Please refer to our website for Board meeting dates.

FUNERAL SERVICE INDIVIDUALS ARE NOT PERMITTED TO PRACTICE IN MONTANA IN ANY MANNER WITHOUT AN ACTIVE LICENSE.

LICENSURE REQUIREMENTS**MORTICIAN INTERN AND MORTICIAN BY EXAMINATION:**

- applicant is not licensed in any other state as a mortician;
- must be 18 years of age or older;
- good moral character;
- a certified transcript of 30 semester credits or 45 quarter credits sent directly to the board office from a college or university accredited by a regional accrediting agency recognized by the U.S. Department of Education;
- a certified transcript of 60 semester credits or 90 quarter credits, sent directly to the board office from a funeral service or mortuary science education program accredited by the American Board of Funeral Service Education (ABFSE) or its successor, granting an associate degree, certificate, or diploma;
- must serve a 1-year internship under the supervision of a licensed Montana mortician;
- passage of the Conference of Funeral Service Examining Boards' Examination;
- passage of the open book Montana Funeral Service Jurisprudence Examination found at the end of this application.

MORTICIAN LICENSING FROM ANOTHER STATE:

- other state's licensing requirements at the time of application to this state must be substantially equivalent to that of Montana's requirements;
- passage of the open book Montana Funeral Service Jurisprudence Examination found at the end of this application;
- license is current and active in another state.

CREMATORY OPERATOR:

- must be 18 years of age or older;
- good moral character;
- high school or equivalent diploma/certificate;
- there is no experience requirement for crematory operators;
- no examination is required.

CREMATORY TECHNICIAN:

- there are no education requirements;
- there is no experience requirement for crematory technicians;
- must be supervised by a licensed Montana crematory operator;
- must submit summary of training;
- no examination is required.

FEES	Application Fee	Mortician \$375.00
		Mortician Intern \$330.00
		Crematory Operator \$300.00
		Crematory Technician \$300.00
		ALL FEES ARE NON-REFUNDABLE

****Make check or money order payable to the Montana Board of Funeral Service****

DOCUMENTS The following documents must be submitted to the Board office in order to complete your license application. Please make 8 ½" x 11" copies of the following and submit with your application.

MORTICIAN INTERN AND MORTICIAN BY EXAMINATION

Mortician:

- completed application and appropriate fee;
- certified transcripts sent directly to the Board office from a college or university accredited by a regional accrediting agency recognized by the U.S. Department of Education;
- certified transcripts sent directly to the Board office from a funeral service or mortuary science education program accredited by the American Board of Funeral Service Education (ABFSE) or its successor, granting an associate degree, certificate, or diploma;
- official verification of International Conference of Funeral Service Examining Boards Examination score.

Mortician Intern:

- in addition to the documents above, a mortician intern must submit the Intern Sponsor Form and meet internship requirements of ARM 24.147.504.

MORTICIAN FROM ANOTHER STATE:

- completed application and appropriate fee;
- license verification from each state where the applicant has been or is currently licensed must be submitted directly to the Board from that state's licensing agency;
- license requirements from other state where applicant holds a current license;
- **submission of the documents below is optional.** Submission of these documents may prevent your license application from being denied if the other state's licensing requirements are not substantially equivalent. Receipt of these documents often shows the applicant meets the licensing requirements by their own credentials:
 - certified official transcripts from an accredited college or university;
 - certified official transcripts from an accredited college of mortuary science;
 - official verification of International Conference of Funeral Service Examining Boards Examination Score.

CREMATORY OPERATOR:

- proof of minimum education of high school graduation or equivalency;
- proof of minimum age of 18 years;
- two letters of reference establishing good moral character;
- completed application and appropriate fee.

CREMATORY TECHNICIAN:

- name of licensed crematory facility where applicant will be employed;
- name of supervising licensed crematory operator;
- summary of training to be completed by applicant, including subject areas, method of testing, length of training, and name of person providing training;
- completed application and appropriate fee.

APPLICATION PROCEDURES

- When the application file is complete, it will be processed, and the applicant may be notified if additional information is required or if the application will go to a Board meeting as non-routine.
- All verifications of licensure must be sent directly from each state board in which the applicant is currently or has ever been licensed. Please make copies of the attached verification request form as needed. Some states may charge a fee for verifications. Contact each state board prior to sending the request.
- Keep the Board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

PROCESSING PROCEDURES

- Once a routine application is complete, the application takes up to two weeks to process.
- The applicant will be notified in writing of any deficient or missing items from the application file.
- Crematory Operators must be sure the two individual references you listed on your application complete the reference questionnaire form and return the form directly to the Board office as soon as possible in order to complete your application.

For information with regard to the processing of this application or other concerns please contact the Board of Funeral Service staff at 406-444-5711 or email us at unitB@mt.gov or dlibsdfnr@mt.gov.

Please be sure to review Montana laws and rules for the practice of mortuary science which can be found at www.funeral.mt.gov.

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Application for a Funeral Business License:

Mortuary	Mortuary Branch Facility
Crematory	Private-for-Profit Cemetery

Include the inspection fee with all applications.

Licenses are **non-transferable from one location to another or from one owner(s) to another** unless the proprietor of a licensed facility terminates services at the licensed facility and commences services at a new facility. A new application must be always filed, the new facility must be inspected and must meet the standards for operation as set by the Board. Fees will not be prorated for portions of the year. Funeral business licenses expire July 1st of each year. The private-for-profit cemetery is issued a five-year license, which expires July 1st every five years. Renewals are mailed to the funeral business' preferred mailing address and must be renewed by July 1st of each year. **The funeral business may not operate until a valid license is issued and posted in the funeral business facility.**

Part 1.

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|-----|--|---------------------------------|-------------------------------------|-----------------------|
| 1. | BUSINESS ENTITY: | Sole Proprietorship | Partnership | Other |
| | Limited Liability | Professional Corporation | Non-Professional Corporation | Registered in Montana |
| 2. | Date of Inc. _____ | Date Established _____ | Yes | No |
| 3. | BUSINESS ENTITY NAME _____ | | | |
| 4. | FEDERAL TAX ID# _____ | | | |
| 5. | BUSINESS ADDRESS
(Physical Address) _____ | | | |
| 6. | BUSINESS MAILING ADDRESS _____ | | | |
| 7. | BUSINESS TELEPHONE NUMBER _____ | | | |
| 8. | BUSINESS EMAIL ADDRESS _____ | | | |
| 9. | LIST ANY DBA _____ | | | |
| 10. | IS DBA REGISTERED?: | Yes | No | ACTIVE INACTIVE |

- | | | | |
|-----|--|-----|----|
| 18. | Has a licensing agency initiated or completed disciplinary action against this business or the person in charge of this business who is listed on this application? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source. | Yes | No |
| 19. | Has this business or the person in charge of this business who is listed on this application voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupational license in anticipation of or during an investigation or disciplinary proceeding or action? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 20. | Has a complaint ever been made against this business or person in charge of this business who is listed on this application with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 21. | Has this business or the person in charge of this business who is listed on this application ever been censured, expelled, denied membership or asked to resign from a professional organization related to the profession or occupation? If yes, please attach a detailed explanation and provide documentation from the source. | Yes | No |
| 22. | Does this business or the person in charge of this business who is listed on this application have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc) If yes, please attach a detailed explanation and provide documentation from the source. | Yes | No |
| 23. | Have any civil legal proceedings been filed against this business or the person in charge of this business who is listed on this application by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition. | Yes | No |
| 24. | Does this business or the person in charge of this business who is listed on the application ever been convicted of a misdemeanor or felony crime or have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purposes of this question includes a deferred imposition of sentence and/or deferred prosecution. If answered yes, a detailed explanation must be submitted on the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years ago and that resulted in fines of less than \$200; and (2) convictions prior to your 18 th birthday unless you were tried as an adult | Yes | No |

25. Has the person in charge of this business who is listed on this application ever been diagnosed with chemical dependency or another addiction, or participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source. Yes No
26. Has the person in charge of this business who is listed on this application ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation. Yes No
27. Has the person in charge of this business who is listed on this application ever been court-martialled or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation from the source. Yes No

Part 4. TO BE COMPLETED FOR MORTUARY, CREMATORY AND CEMETERY APPLICATIONS ONLY:

28. Is this a transfer of a current mortuary, crematory or cemetery license? Yes No
 Previous Owner: _____ Previous facility license # _____
29. Has notice of such change of ownership been published in a newspaper of general circulation in the county in which the mortuary is located? This must be done within 30 days of the change of ownership. (Attach a copy). Yes No

Part 5. TO BE COMPLETED FOR MORTUARY APPLICATIONS ONLY:

30. Does this facility have a preparation room? Yes No
31. Is the business complying, and will the business comply, with all of the Board of Funeral Service regulations with respect to the preparation room as referred to in the Administrative Rules of Montana? Yes No

Part 6. TO BE COMPLETED FOR MORTUARY BRANCH FACILITY APPLICATIONS ONLY:

32. Does the Branch Facility have a preparation room? Yes No
33. What is the name of the Mortuary that this facility in owned by, a subsidiary of, or otherwise financially connected to or controlled by:

MORTUARY NAME _____ LICENSE # _____

Part 7. TO BE COMPLETED FOR CREMATORY APPLICATIONS ONLY:

34. Are you complying and will you comply with all local, state, and federal building codes and regulations regarding environmental impact on the area in which the crematory is located?

35. Name of Crematory Operator in Charge _____ LICENSE # _____

36. Describe the type of structure and equipment (use back of form if necessary)

Manufacturer _____

Model _____

Number of Retorts _____ Cremation Vaults _____

Part 8. PLEASE LIST ALL LICENSED AND UNLICENSED PERSONNEL WORKING IN THIS FACILITY: (Use an additional sheet, if necessary)

Name	License Number	Position

DECLARATION

As the Person-In-Charge, I authorize the release of information concerning the record, character, license history and competence of this funeral business, by anyone who might possess such information, to the Montana Board of Funeral Service.

I hereby declare under penalty of perjury the information included in this application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of this application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the licensing laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for this application.

Signature of Applicant

Date