STATE BOARD OF FUNERAL DIRECTORS

Telephone: 717-783-3397
Fax: 717-705-5540
E-mail: st-funeral@state.pa.us
Website:www.dos.state.pa.us/funeral

Mailing Address:
State Board of Funeral Directors
PO Box 2649
Harrisburg, PA 17105-2649

Courier Address:
State Board of Funeral Directors
2601 North Third Street
Harrisburg, PA 17110

OUT-OF-STATE FUNERAL DIRECTOR APPLICATION FOR LICENSURE WITH EXAMINATION

UPON REVIEW AND APPROVAL OF THIS APPLICATION YOU WILL BE SENT AN APPLICATION FOR THE REQUIRED PENNSYLVANIA EXAMINATION.

SECTION 1: APPLICANT INFORMATION

LAST NAME:	
FIRST NAME:	
MIDDLE NAME:	
MAIDEN NAME (IF APPLICABLE)	
SOCIAL SECURITY NUMBER	
DATE OF BIRTH Note: MUST BE 21	MONTH: DAY: YEAR:
TELEPHONE NUMBER (BETWEEN 9AM AND 5 PM)	AREA CODE:
NAME AND ADDRESS OF THE FUNERAL ESTABLISHMENT TO WHICH LICENSE IS TO BE ISSUED: NOTE: LICENSE MUST BE ISSUED TO A PENNSYLVANIA LICENSED FUNERAL ESTABLISHMENT	
STATE WHERE YOU ARE CURRENTLY LICENSED:	

SECTION 2: CRIMINAL AND DISCIPLINARY INFORMATION

IF ANY OF THE ANSWERS IS "YES" ATTACH A FULL EXPLANATION AND SUBMIT A CERTIFIED COPY OF ALL RELEVANT COURT AND/OR LEGAL DOCUMENTS. ***NOTE: ANSWERING "YES" TO ANY OF THE FOLLOWING QUESTIONS WILL NOT RESULT IN THE AUTOMATIC DENIAL OF YOUR APPLICATION.***

ANSWER THE FOLLOWING		YES	NO
DO YOU HOLD A LICENSE TO PRACTICE THIS PROFESSION IN ANY OTHER STATE OR JURISDICTION? LIST:			
HAVE YOU HAD DISCIPLINARY ACTION INSTITUTED OR TAKEN AGAINST YOUR LICENSE IN ANY STATE OR JURISDICTION?	☐ CHECK HERE IF ACTION WAS TAKEN IN PA CERTIFIED COPIES NOT REQUIRED		
HAVE YOU WITHDRAWN AN APPLICATION FOR A LICENSE, HAD AN APPLICATION FOR A LICENSE DENIED OR REFUSED, OR AGREED NOT TO REAPPLY FOR A LICENSE IN ANY STATE OR JURISDICTION?			
HAVE YOU BEEN CONVICTED, FOUND GUILTY OR PLEADED NOLO CONTENDERE, OR RECEIVED PROBATION WITHOUT VERDICT AS TO ANY FELONY OR MISDEMEANOR, INCLUDING ANY DRUG LAW VIOLATIONS, OR HAVE ANY CRIMINAL CHARGES PENDING AND UNRESOLVED IN ANY STATE OR JURISDICTION?			

SECTION 3: CERTIFICATION STATEMENT

BY SIGNING BELOW, I VERIFY THAT THIS FORM IS IN THE ORIGINAL FORMAT AS SUPPLIED BY THE DEPARTMENT OF STATE AND HAS NOT BEEN ALTERED OR OTHERWISE MODIFIED IN ANY WAY. I AM AWARE OF THE CRIMINAL PENALTIES FOR TAMPERING WITH PUBLIC RECORDS OR INFORMATION PURSUANT TO 18 Pa. C.S.§49.11.

ADDITIONALLY, I CERTIFY THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, AND THAT I AM OF GOOD MORAL CHARACTER. I UNDERSTAND THAT ANY FALSE STATEMENT MADE IS SUBJECT TO THE PENALTIES OF 18 Pa. C.S.§4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES AND MAY RESULT IN THE SUSPENSION OR REVOCATION OF MY LICENSE OR CERTIFICATE.

APPLICANT'S SIGNATURE _____ **DATE** _____

SECTION 4: REQUIRED DOCUMENTS

LETTER OF GOOD STANDING	**ATTACH AN *ORIGINAL* "LETTER OF GOOD STANDING" OR OTHER SIMILAR DOCUMENT *ISSUED BY LICENSING JURISDICTION. THIS "LETTER OF GOOD STANDING" MUST BE SUBMITTED WITH THIS APPLICATION AND MUST HAVE BEEN ISSUED WITHIN THE PAST 90 DAYS.*** ***DOCUMENT MUST*:** **LIST EXPIRATION DATE AND TYPE OF LICENSE ISSUED** **and** **STATE WHETHER THERE IS ANY RESTRICTION ON PRACTICE AND WHETHER THERE HAS BEEN OR IS PENDING ANY DISCIPLINARY ACTION AGAINST THE LICENSEE** **ORIGINAL (OR COPY OF) LICENSE IS NOT ACCEPTABLE IN LIEU OF DOCUMENT FROM LICENSING JURISDICTION**
CERTIFICATION OF PRELIMINARY EDUCATION	**THE ENCLOSED APPLICATION MUST BE SUBMITTED TO THE PENNSYLVANIA DEPARTMENT OF EDUCATION. YOU MUST HAVE 60 CREDITS IN LIBERAL ARTS PRIOR TO MORTUARY SCHOOL**
VERIFICATION OF GRADUATION FROM MORTUARY SCHOOL	**LETTER OR FINAL TRANSCRIPT MUST BE SENT DIRECTLY TO THE PENNSYLVANIA STATE BOARD OF FUNERAL DIRECTORS FROM THE SCHOOL**
VERIFICATION OF PASSING SCORE ON THE NATIONAL BOARD EXAMINATION	**VERIFICATION MUST BE SENT DIRECTLY TO THE PENNSYLVANIA STATE BOARD OF FUNERAL DIRECTORS FROM THE CONFERENCE OF FUNERAL SERVICE EXAMINING BOARDS**
CONSENT TO SERVICE FORM	**RIGHT TO LEGAL SERVICE** **THE CONSENT TO SERVICE FORM ON THE REVERSE *MUST* BE COMPLETED AND NOTARIZED**
SOCIAL SECURITY ACT CERTIFICATION	**CERTIFICATION MUST BE SIGNED AND RETURNED WITH THIS APPLICATION**

CONSENT TO SERVICE FORM

I, _____, HEREBY AGREE
(Name of Applicant)

THAT SERVICE OF ORIGINAL PROCESS OR OTHER LEGAL NOTICE UPON ME BY FIRST CLASS MAIL AND CERTIFIED MAIL AT MY PERMANENT ADDRESS OF: _____

_____

SHALL HAVE THE SAME FORCE AND EFFECT AS IF SERVED PERSONALLY UPON ME. IN THE EVENT THAT SERVICE CANNOT BE MADE AND EFFECTED AT THE PERMANENT ADDRESS STATED HEREIN, I AGREE THAT SERVICE OF ORIGINAL PROCESS OR OTHER LEGAL NOTICE CAN BE MADE UPON ME BY MAILING A COPY OF SAME TO THE ADDRESS OF THE LICENSING/CERTIFICATION AGENCY OF MY LICENSURE/CERTIFICATION LISTED IN *PART ONE* OF THE WITHIN APPLICATION FORM. I ATTEST THAT I HAVE READ, UNDERSTAND AND WILL ABIDE BY ALL FUNERAL DIRECTOR LAWS AND RULES AND REGULATIONS IN EFFECT IN THE COMMONWEALTH OF PENNSYLVANIA. I FURTHER AGREE TO COOPERATE WITH ANY INVESTIGATION INITIATED AGAINST ME BY THE COMMONWEALTH OF PENNSYLVANIA IN CONNECTION WITH FUNERAL DIRECTION WHILE ON ASSIGNMENT IN THE COMMONWEALTH.

_____
(SIGNATURE OF APPLICANT)

NOTARY SEAL
& SIGNATURE

_____
(DATE)

SOCIAL SECURITY ACT CERTIFICATION

This licensing board is obligated to inform each applicant or licensee from whom it requests a Social Security number on any application or form that disclosing such number is mandatory in order for this licensing board to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). In order to enforce domestic support orders, at the request of the Commonwealth's Department of Public Welfare (DPW), this licensing board must provide to DPW information prescribed by DPW about the licensee, including the Social Security number.

In the event that this licensing board takes disciplinary action against an applicant or licensee, this board may disclose their Social Security number if applicant or licensee voluntarily agrees to the disclosure of this information to the appropriate professional association. This organization compiles information about individual applicants and licensees and transmits that information to other licensing boards in order to coordinate licensure and disciplinary activities between the individual states. If you do not voluntarily provide your Social Security number for this purpose, information about you will still be transmitted to this organization should you be disciplined by this licensing board, but that information will not include your Social Security number.

I certify that I have read the above statement, understand the full intent and I do give this licensing board permission to report my Social Security number to the appropriate professional association or licensing board.

_____ _____

Signature **Date**