

KANSAS

RECIPROCAL LICENSURE

APPLICATION

Reciprocal Fee: \$350
Funeral Director Examination Fee: \$200
 (if applying for a Reciprocal Funeral Director license.)
Rulebook: \$5 (also available on web site at no cost)
 Date mailed by KSBMA: _____
 Date received by KSBMA: _____
ALL FEES ARE NONREFUNDABLE

Please check the Reciprocal license(s) you are applying for: **EMBALMER** _____
FUNERAL DIRECTOR _____

Your full name: _____
(First Name) (Middle Initial) (Last Name)

Address: _____ City: _____

County: _____ State: _____ Extended zip code: _____ - _____

Daytime phone: (____) _____ - _____ Social Security Number: _____

E-mail address: _____ Cell phone: (____) _____

K.S.A. 74-139 states that upon request of the director of taxation, the board is required to provide a listing of all applicants, their social security numbers and addresses.

List your current state of licensure: _____
(Name of State)

Type of license: _____ Date issued by state: _____ # _____
(EXAMPLE: embalmer, funeral director...) (month, day, year) (license number)

Expiration date: _____

Type of license: _____ Date issued by state: _____ # _____
(EXAMPLE: embalmer, funeral director...) (month, day, year) (license number)

Expiration date: _____

Are these licenses current and active? Please check one: Yes _____ No _____

If you are currently licensed in another state(s) other than the above, please list name of state, date of licensure, type of license and license number:

(State) (Licensure Date) (Type of License: embalmer, funeral director...) (License Number)
 Expiration date: _____

(State) (Licensure Date) (Type of License: embalmer, funeral director...) (License Number)
 Expiration date: _____

(State) (Licensure Date) (Type of License: embalmer, funeral director...) (License Number)
 Expiration date: _____

(State) (Licensure Date) (Type of License: embalmer, funeral director...) (License Number) #
Expiration date: _____

Funeral Home currently employed at (enter none if not currently employed at a funeral home):

(Funeral Home Name) (Street Address) (City, State) (Zip code)
If granted licensure, list the Kansas funeral home to be employed at (if applicable or different from above):

(Funeral Home Name) (Street Address) (City, State) (Zip code)

PLEASE READ AND CAREFULLY ANSWER EACH QUESTION IN THIS SECTION
THIS APPLICATION WILL NOT BE PROCESSED UNTIL YOU SIGN AND DATE THE FORM
AND SUBMIT THE REQUIRED DOCUMENTATION

K.S.A. 65-1751 provides that the Board may refuse to issue or renew a license, may condition, limit, revoke or suspend a license or may publicly or privately censure, or may impose a fine on a licensee not to exceed \$1,000 per violation, upon a finding that an applicant or licensee has engaged in certain conduct.

K.S.A. 65-1766 provides that the Board may refuse to issue or renew a license or revoke, condition, limit, censure, fine or suspend a license for the crematory or crematory operator upon a finding that a crematory operator or the crematory operator in charge has engaged in certain conduct.

As used in this application, "license" means an **embalmer's license, funeral director's license, assistant funeral director's license, establishment license, branch license, crematory license or crematory operator's license**. Please mark "Yes" or "No" as applicable. **Misleading, deceptive, untrue or fraudulent statements made in applying for or securing an original or renewal license may be grounds for denial of the license.**

YOU MUST ATTACH A WRITTEN EXPLANATION FOR EACH "YES" ANSWER.

1. Have you ever been convicted of a felony? YES _____ NO _____
If you checked YES, in addition to a written explanation, you must also attach a copy of Journal Entry of Conviction, Journal Entry of Sentencing, and the Parole or Post Release Supervision Certificate and Conditions.
2. Have you ever violated any law, ordinance, or rule and regulation affecting the handling, custody, care or transportation of dead human bodies or cremated remains? YES _____ NO _____
3. Have you ever had a license **denied, revoked or suspended**, subject to **censure** or **fine** or has any other disciplinary action been taken against you by this Board or the licensing authority of any other state, jurisdiction, territory, the District of Columbia or any other country? YES _____ NO _____
4. Have you ever failed to report to the Board any adverse disciplinary action taken against you by another state or licensing jurisdiction, a professional association or society, a governmental agency, a law enforcement agency, or a court? YES _____ NO _____
5. Have you ever had an adverse judgment, award or settlement taken against you resulting from the practice of funeral directing, embalming or cremation, or failed to report such matter to the Board? YES _____ NO _____
6. Have you ever been found guilty of negligence, incompetence, fraud, misrepresentation or deceit in connection with services rendered as a licensee? YES _____ NO _____
7. Do you have any pending criminal charges or civil / administrative actions that have been filed against you, or are in the

process of being investigated or filed, related to any of the above situations? **YES** _____ **NO** _____

NOTICE TO ALL COMPLETING THIS FORM: (1) If you submit this application *before* you are eligible for a license or *before* your license renewal date, you must notify the Board if any of the above situations occur while this application is pending and until a license is granted, or until your license renewal date.

(2) If you checked YES on any question, in addition to a written explanation, you must also submit documentation that explains each YES answer, including court records; court orders, journal entries, or judgments, administrative findings; and the like. YOUR APPLICATION CANNOT BE PROCESSED UNTIL THE REQUIRED DOCUMENTATION IS SUBMITTED.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signature of Applicant / Licensee	County	Social Security Number
Date		

K.S.A. 74-139 provides that upon request from the director of taxation, the Board must provide a listing of all applicants, their SSN, and address.

This application, appropriate fees (a \$350 reciprocal application fee and an additional \$200 examination fee if applying for a funeral director license), college transcripts, state board verification (a separate form that must be mailed **DIRECTLY** by your current state(s) of licensure to the Kansas state board) and (if applying for a reciprocal embalmer license) a copy of test results from the International Conference of Funeral Service Examining Boards must reach the Kansas State Board of Mortuary Arts by the 15th of the month **PRIOR** to a scheduled board meeting. Kansas meetings are held quarterly: January, April, July and October. Filing deadlines are December 15, March 15, June 15 and September 15. When applying for a reciprocal embalmer license if you did not take the Conference examination, then verification of state test results must be supplied by your current (preferably original) state of licensure. Kansas rulebooks are available for \$5.00 each or can be printed directly from our website at no cost.

The Kansas State Board of Mortuary Arts
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Topeka, Kansas 66603-3733
Phone: (785) 296-3980
FAX: (785) 296-0891--original hard copies must also be provided
Email: boma1@ksbma.state.ks.us
Web site: <http://ksbma.ks.gov/>

ALL FEES PAID ARE NON-REFUNDABLE

Last Updated: **January, 2016**

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