

RECIPROCAL LICENSE APPLICATION

INFORMATION FROM YOUR CURRENT STATE OF LICENSURE:

APPLICANT TO COMPLETE:

Applicant's Complete Name: _____
(First Name) (Middle Initial) (Last Name)

Applicant's Address: _____
(Street Address) (City) (State) (Zip)

Check the Kansas licenses you are applying for: _____ Embalmer _____ Funeral Director

THE REMAINDER OF THIS APPLICATION MUST BE COMPLETED BY THE STATE BOARD YOU ARE CURRENTLY LICENSE WITH. Please have the state board mail us this application directly. In order to save time, please call the state board to find out if they have a charge for completing this application. If so, be sure and send them a check for the appropriate amount. Please send an addressed stamped envelope and this application to your state board, so they can mail this application directly to us. It might also be helpful to make the state board aware of the Kansas filing deadline. This will hopefully save time. Remember to complete the top portion of this application before mailing.

****THIS SECTION IS TO BE COMPLETED BY THE STATE BOARD****

Name of State Board: _____

Address of State Board: _____

Type of license(s) currently held by applicant: _____

The date of licensure was granted: _____

Expiration date of the license(s): _____

What types of state examinations were passed, dates of examinations and what grades were earned: _____

(OVER)

Was a national examination required by your state: Yes _____ No _____

If yes, please list the examination (such as SBE or NBE of the Conference of Funeral Service

Examining Board) and appropriate scores: _____
(Type of Examination)

Scores: Science _____% Arts _____% Overall Average _____%

Others: _____

Has your state board ever taken any adverse action against this licensee (including, but not limited to,

suspension, revocation, public or private censor/reprimand)? Yes _____ No _____

If yes, please attach an attested copy of the order imposing such action or attach an attested copy of appropriate information on your state board letterhead paper.

Signed: _____
(State Board Executive Director)

(Print) _____
(Name of the State Board Executive Director)

Secretary of the _____ State Board of _____
(Name of State) (State Board Name)

STATE SEAL

Today's Date: _____

PLEASE MAIL DIRECTLY TO:

Kansas State Board of Mortuary Arts (KSBMA)
700 SW Jackson Street, Suite 904
Topeka, Kansas 66603-3733
Phone: (785) 296-3980
Fax: (785) 296-0891
Email: boma1@ks.gov
Web site: <http://ksbma.ks.gov/>

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