

APPLICATION FOR KANSAS CERTIFICATE OF PRE-REGISTRATION

To The State Board of Mortuary Arts of The State of Kansas:

I (Name of Applicant) hereby make application to the Board of Mortuary Arts of the State of Kansas for pre-registration under the laws, rules, regulations and statutes of the State Board. I promise to comply with the laws and rules of said Board governing such pre-registration and state I am familiar with the same. Pre-registration is automatically invalid following completion of the mortuary school practicum program. It then becomes necessary to register with the Board and pay the \$100 registration fee to become a Registered Student Embalmer. Pre-registration allows students enrolled in mortuary school to work in a Kansas preparation room under the direct physical and personal supervision of a Kansas licensed embalmer.

I hereby certify that I have graduated from the following accredited high school: (High School) on (Date), (Year). (City, State)

I further state I currently attend or plan to enter (Name of Mortuary School) of (City), (State) on or about (Month), (Year). I will earn at least an AA degree in mortuary science, and I will file a transcript of my mortuary school and any other credits, showing successful graduation, with the Secretary of the State Board of Mortuary Arts of the State of Kansas, prior to applying for apprenticeship.

I am a citizen of the United States and have been a resident of the State of Kansas for ____ years. (If none, list state of residence: _____).

Have you ever been convicted of a felony? Yes ____ No ____ If yes, please explain in a letter to accompany this application along with written documentation.

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Executed on: _____ Date

____ Applicant Signature

____ (Street Address) (City, State) (Zip Code)

Upon receipt of this application, you will receive a Pre-Registration Certificate to be displayed at the funeral home in which you are serving a practicum.

TO BE COMPLETED BY THE STATE BOARD:

Application accepted and pre-registration granted this ____ day of _____, _____.

SEAL

THE STATE BOARD OF MORTUARY ARTS OF THE STATE OF KANSAS

By: _____ Mack Smith, Executive Secretary to the Board

*****OVER*****

KANSAS STATE BOARD OF MORTUARY ARTS

PLACEMENT SERVICES

Please complete the following information. Be sure and review the information we have provided in the last boxed paragraph as it pertains directly to the actual registration process for Kansas apprentice embalmers!!!

I have a place to serve my apprenticeship: Funeral Home: _____
City: _____

I am interested in receiving a list of possible places of employment.

I would like an assistant funeral director application. The actual funeral director apprenticeship must be served on a full-time basis--usually at the same time as the embalmer apprenticeship. The application fee for an assistant funeral director license is \$150.00, and the license fee is pro-rated up to a maximum of \$180 for two (2) years -- depending on the first letter of your surname.

I intend to graduate in _____ of _____.
(Month) (Year)

I am enclosing **\$5.00** fee for a current Kansas rulebook.

Please note that Kansas law requires mortuary school to be completed with at least an AA degree in mortuary science. I understand that there is a special form (The Kansas Student Embalmer Registration Application) to be filled out prior to graduation. The cost of registering is \$100. All final college/mortuary school transcripts must be submitted to the board prior to serving your Kansas embalmer apprenticeship. **REMEMBER TO HAVE THE INTERNATIONAL CONFERENCE OF FUNERAL SERVICE EXAMINING BOARDS MAIL THE KANSAS STATE BOARD A COPY OF YOUR NATIONAL EMBALMING TEST SCORES.**

Do you intend to apply for licensure in Kansas? Yes No (circle one)

Name any other states you will be applying for licensure: _____

Failure to complete this application will result in a delay of issuing the "Certificate of Pre-Registration" necessary when serving your practicum in Kansas. The "Certificate of Pre-Registration" will not be issued until you are enrolled in mortuary college.

Name: _____
(Mr., Mrs., Ms.) PLEASE PRINT CLEARLY

(Social Security Number)

Mailing Address: _____

City, State, Zip: _____

County: _____

Home Phone: () _____

Cell Phone: () _____

Email Address: _____

****PLEASE NOTE THAT COPIES OF THE PRE-REGISTRATION CERTIFICATE MAY BE SUPPLIED AND/OR DIRECTLY SENT TO YOUR MORTUARY SCIENCE COLLEGE.**

REVISED THURSDAY, JANUARY 24, 2008

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