

APPLICATION FOR LICENSURE
AS AN ASSISTANT FUNERAL DIRECTOR

<i>FOR OFFICE USE ONLY-WEB SITE application</i>		
Last Name:	_____	
Date Sent by KSBMA:	_____	
Fees Due:	Application Fee:	\$ 150.00
	Initial Licensure Fee:	\$ <u>TO BE BILLED</u>
	Total Payment Due:	\$ 150.00
Payment of the above will keep this license current until: _____ (Next Renewal Date) The full two-year renewal fee will be due at that time.		
Date Received by KSBMA:	_____	

To The Kansas State Board of Mortuary Arts (KSBMA):

I hereby make application for licensure as an apprentice or as an assistant funeral director as provided by the laws of Kansas and the rules and regulations of said Board, and agree to comply with the Kansas requirements of an apprentice or of an assistant funeral director which I am familiar.

Age Seventeen or over? Yes _____ No _____
 High school education or equivalent as determined by the Kansas Department of Education? Yes _____ No _____
 Have you ever held a Kansas assistant funeral director license? Yes _____ No _____

Please complete and sign

The following information should be completed by the **Assistant Funeral Director Applicant**. Information on page two should also be reviewed and signed by the applicant - with additional information (as needed) attached to this application. Pages three and four should be completed and signed by the supervising licensed Kansas funeral director. Attachments to this application should be read, reviewed and kept by the applicant and supervising licensee with questions directed to the KSBMA office.

On the _____ day of _____, 20____, I became an employee at _____, (Funeral home name)
 located in _____, _____, _____ under the supervision of active Kansas funeral
 director _____, (City) (State) (Zip Code) holder of Kansas funeral director license _____.
 (Name of Supervising Kansas Funeral Director)

Is employment full-time? (circle one) Yes No

Do you wish to serve a Kansas funeral director apprenticeship? Yes No **If not serving an apprenticeship, remember to also include an additional \$50.00 and the assistant funeral director examination application.**

Funeral director apprentice applicants must have complete college transcripts sent directly to the KSBMA office from the college attended for review by the Mortuary Arts Board before a funeral director apprentice application will be provided by the KSBMA. Applicants also attending Mortuary college should wait to apply for apprenticeship until after graduation. Time will not be counted towards the one year apprenticeship until an assistant funeral director license has been issued and all time is worked on a full-time basis. (Full-time is defined as a minimum of 40 hours per week--50 weeks per year) *NOTE: An apprentice funeral director application will not be sent until all college transcripts have been reviewed and approved by the Board.

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

Executed on: _____ (Date) (Signed) _____
 _____ (PRINT Full Name) _____
 _____ (Address) _____
 _____ (City, State, Zip) _____
 _____ (County) _____
 _____ (Social Security) _____
 (Telephone) _____ (Cell) _____ Email: _____

The assistant funeral director applicant must also read and sign the back of this page

Assistant Funeral Director Applicant

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 _____

FOR RENEWALS ONLY:

_____ Check here if any of the above situations for which you checked "YES" occurred since your last renewal.

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 section should be completed and signed by the Kansas licensed/supervising funeral director.

AFFIDAVIT OF LICENSED FUNERAL DIRECTOR

I hereby state that _____ began working as an employee on _____
(name of assistant funeral director applicant) (Day)
of _____, _____, at _____
(Month) (Year) (Funeral Home Name)
located at _____.
(Address, City, State, Zip Code)

Please indicate if the assistant funeral director will be working full-time under your supervision: Yes _____ No _____.
If yes, when will full-time employment begin (date):_____.

I am the holder of Kansas funeral director license No. _____ and am familiar with the Kansas requirements governing an
apprentice or an assistant funeral director and I agree to comply with the same.

**The funeral director under whom the assistant funeral director is registered with must immediately notify the Board
when the assistant funeral director has left the funeral director's employment.**

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

Executed on: _____ (Signed) _____
(Date) (PRINT Full Name)
(Address) _____
(City, State, Zip) _____
(Social Security) _____
(County) _____

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

ALL FEES ARE NON-REFUNDABLE

The supervising funeral director must also read and sign the back of this page

Supervising Funeral Director

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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** _____
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Signature of Applicant / Licensee County Social Security Number Date

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