

Reinstatement of Inactive Practitioners for the The Kansas State Board of Mortuary Arts

DATE: _____

NAME: _____

ADDRESS: _____

Funeral Director License Number _____ Embalmer License Number _____

Crematory Operator _____

Having been granted a waiver of compliance and a certificate of exemption as an Inactive Practitioner, I am applying for reinstatement of the above named license(s).

- (1) Within one year of reinstatement, I agree to make-up all past continuing education hours for all the years in inactive licensure. Hours due are figured at six (6) hours per year or twelve (12) hours every licensing period. Half (50%) of the hours due may be earned via approved correspondence/home study courses.
- (2) Failure to comply with section 1 will result in automatic termination of active status.

The Board will notify you of the number of continuing education hours due within one-year of the filing of this application.

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

State of _____, County Of _____, SS.

(Signed) _____

(Address) _____

(City, State, Zip) _____

(County) _____

Revised March 10, 2014

(OVER)

