



Application for the Oregon State Board Embalmer Examination (Please Type or Print) Effective March 2007

Social Security #: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone #: _____ Evening Phone #: _____

E-Mail: _____ (Note: Important Exam Information will be sent to this e-mail address)

College/Mortuary Science Program Attended: _____

Have you previously taken the Oregon State Board Embalmer Examination? NO () YES ()

Do you have a disability that requires a special accommodation for you to take the Oregon State Board Embalmer Examination? NO () YES ()

If yes, state the nature of the disability and the type of accommodation requested: _____

(You MUST enclose documentation of the existence and nature of the disability. (See page 4 of the application brochure)

OR STATE BOARD EMBALMER EXAM REGISTRATION FEE: \$150.00

Fee: The appropriate fee, in the form of a money order, bank cashier's check, or VISA or MasterCard authorization, must accompany this signed application. Money Orders and Bank Cashier's Checks should be made payable to "The Conference". NO PERSONAL OR BUSINESS CHECKS ARE ACCEPTED. ALL FUNDS PAID FOR THE OR STATE BOARD EMBALMER EXAM ARE NON-REFUNDABLE! THERE ARE NO EXCEPTIONS TO THIS POLICY!

Amount of Fee Enclosed: \$ _____ () Money Order () Cashier's Check

() VISA () MasterCard _____ (16 digit account #) Expiration Date _____ (4 digit Exp Date)

Authorized Credit Card Signature _____ Date _____

By signing below, you authorize The International Conference to release the results of this Oregon State Board Embalmer Examination to the Oregon Mortuary and Cemetery Board.

Signature _____ Date _____

For Office Use Only: Credit Card Payment

RO# _____ AP# _____ Transaction \$: _____ Transaction Date: _____

The International Conference of Funeral Service Examining Boards, Inc. 1885 Shelby Lane Fayetteville, AR 72704 (479) 442-7076 FAX (479) 442-7090 E-Mail: conference.exams@sbcglobal.net

For Office Use Only: 1st Time Taker OR SBE () RETAKE OR SBE ()