

Office use only:
0628 41701 \$80 or \$160 FSP License

Oregon Mortuary and Cemetery Board
800 NE Oregon Street, Suite 430
Portland OR 97232-2195

www.oregon.gov/MortCem
mortuary.board@state.or.us (email)
971-673-1507 phone
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License #: _____

FUNERAL SERVICE PRACTITIONER (FSP) APPRENTICESHIP COMPLETION FORM

As part of your application for an initial or renewed occupational or professional license, certification, or registration issued by the State of Oregon Mortuary and Cemetery Board (OMCB), it is mandatory that you provide your Social Security Number (SS #). The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC § 405(c)(2)(C)(i), and 42 USC § 666(a)(13). Failure to provide your SS # will be a basis to refuse to issue or renew the license, certification, or registration. This record of your SS # will be used for child support enforcement and tax administration purposes (including identification) only, unless you authorize other uses of the number. Although a number other than your SS # appears on the face of the licenses, certificates, or registrations issued by OMCB, your SS # will remain on file with OMCB.

I hereby apply for a Funeral Service Practitioner (FSP) License in Oregon according to the provisions of ORS 692.025, ORS 692.045, and ORS 692.320, and submit the following information as evidence of my qualifications for such licensure:

Print Full Name: _____
(Last) (First) (Middle)

Current Residential Address: _____
(Street) (City & State) (Zip)

Home Phone # _____ Work Phone # _____

Mailing Address: _____

Personal Email Address: _____ Work Email Address: _____

You are **REQUIRED** to provide all residences within the last ten years (including **current** residence). Please list below each residence along with the dates of residence. If necessary, please use a separate sheet of paper, including your name and signature.

Dates	Residential Street Address	City	State	Zip
mm/yy - mm/yy				
mm/yy - mm/yy				
mm/yy - mm/yy				

Birthplace _____ Date of Birth _____

SS # _____ Drivers License # or ID # / State _____

Have you ever used or been known by any other name(s)? Yes / No

If yes, list all names. Include aliases, maiden, married name(s): _____

Provide name and address of Oregon licensed facility where you will be working: _____

Name to be printed on license: _____

Address to be printed on license (please check one): Residential Mailing Facility

(All Board correspondence will be mailed to the address printed on license.)

Background Information

You must answer completely and truthfully. (The mere presence of so-called “negative” information in your background is not automatically disqualifying. False statements and misrepresentations, whether by omission or commission, and whether with intent or no intent, are cause for refusal to issue an OMCB License, Certificate or Registration. The more forthright you are, the greater the likelihood your background will be completed in a timely and successful manner.)

You must sign, number and date the bottom of each supplemental page and / or document you provide.

If you fail to include all of the required information, staff will return your application as “Incomplete.”

1. Do you currently hold or have you **ever** held, or applied for, any type of occupational or professional license, certification, or registration in Oregon or any other state? **Yes or No:** _____
If “**Yes**,” list each one below and provide the current status of each.*

Licensee / Applicant Name	License Type	State	Status

2. As a licensee (or applicant) have you **ever** received a revocation, reprimand, warning, violation, suspension, fine, cancellation (or denial) by any city, county or state licensing agency? **Yes or No:** _____
If “**Yes**,” you must provide a complete copy of all notice(s), order(s) or charging document(s), and your detailed, complete and accurate written account(s) of the facts and circumstances of each event.*
3. Have you **ever** been arrested, charged or cited for anything other than traffic violations? **Yes or No:** _____
(DUI / DUUI is not a traffic violation). If “**Yes**,” you must provide your detailed, complete and accurate written account(s) of the facts and circumstances of each arrest or cite (include any dismissals).* If possible, attach a copy of the Citation or Report.
4. Have you **ever** been convicted of, or are you currently charged with, committing a crime whether or not adjudication was withheld? **Yes or No:** _____

If you answer “**Yes**,” please attach to this application: a) a signed, dated written statement explaining the circumstances of each incident; b) a copy of the charging document; and c) a copy of the official document which demonstrates the resolution of the charges or any final judgments. If not attached, the application may be considered incomplete and returned.

“Crime” includes a misdemeanor, felony or a military offense. (DUI / DUUI is a criminal offense.)

“Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence, or a fine.

5. Have you **ever** entered into a diversion agreement? **Yes or No:** _____
If “**Yes**,” provide your written, detailed, complete and accurate account of all the facts and circumstances of each diversion agreement.*
6. Do you have any charges or legal matters that are currently unresolved? **Yes or No:** _____
If “**Yes**,” you must provide a detailed, complete and accurate written account of the facts and circumstances of each matter currently unresolved.*

* When necessary, for each of the questions above, attach additional sheet(s) of paper for your responses.

You must sign, number and date the bottom of each supplemental page and / or document you provide.

Embalmer

It is strictly prohibited by Oregon Statute to practice as an embalmer until you are fully licensed or certificated as an embalmer apprentice. Only a licensed embalmer or certificated embalmer apprentice shall: (a) Provide the necessary handling and preparation of human remains, e.g. washing, disinfecting, setting features, embalming and supervising dressing; and, (b) Perform the required sanitizing of the preparation room, including but not limited to, embalming tables, work surfaces, sinks, floors, instruments, and handling and properly disposing of contaminated waste.

Funeral Service Practitioner (FSP)

It is strictly prohibited by Oregon Statute to practice as a FSP until you are fully licensed or certificated as a FSP apprentice. An individual practices as a FSP if the individual for payment is engaged directly or indirectly in supervising or otherwise controlling the transportation, care, preparation, processing and handling of dead human bodies before the bodies undergo cremation, entombment or burial, or before the bodies are transported out of the State of Oregon. Only a FSP or FSP apprentice shall: (a) Work directly with at need persons to arrange for the disposition of human remains; and (b) Coordinate and direct the various tasks associated with performing funeral services for at need persons including but not limited to: taking all vital information on the deceased for the purpose of filing the death certificate; arranging for transportation of the remains; coordinating the services for final disposition; supervising or otherwise controlling the care, preparation, processing and handling of human remains.

An applicant for a FSP license shall be required to pass the Board’s FSP examination as a means of providing satisfactory proof to the Board that the applicant has the requisite qualifications for licensing as a FSP in this state. Before being eligible to take the FSP exam, an applicant must provide to the Board's office written evidence of graduation from an associate or higher degree program* OR proof of four years of licensed FSP or embalmer experience in this state or another state. (*If only submitting written evidence, prior to becoming fully licensed as an FSP, the applicant must submit a certified copy of a transcript demonstrating graduation with an associate or higher degree from a school accredited by a regional association of schools and colleges.)

Please read before completing each check box below; if any check boxes are unchecked, the application is incomplete.

- I, _____, have completed the Oregon FSP apprenticeship requirements and am requesting that I be issued an Oregon FSP License.
(print applicant name)
- I have been an apprentice for 12 months and have worked a minimum 30 hours a week, excluding up to 30 days of vacation leave per year. Under the personal supervision of a licensed FSP, I have assisted in the planning of at least 25 funerals or dispositions through some form of direct contact with the family or representative of the deceased.
- I have provided the Board with a **certified copy of a transcript** demonstrating completion of an associate degree or higher, from a school accredited by a regional association of schools and colleges.
- I have successfully completed the Oregon written FSP exam administered on _____ date
- I have enclosed the _____ licensing fee.
\$80.00 or \$160.00

Print Name of Supervisor *

Signature of Supervisor

date

Print Name of Supervisor *

Signature of Supervisor

date

* If you choose not to have your supervisor co-sign this form, you must provide a copy of the 25 funeral planning / disposition logs that are required to be completed during your apprenticeship. (Apprenticeship logs shall be available upon request.) If you had more than one supervisor during your required twelve-month apprenticeship, you must submit a signature from each supervisor.

Certification

Please read the following before signing:

I hereby acknowledge that the foregoing information may be used in accordance with ORS 692.025(7), which provides that all applicants for licenses must consent to a background investigation. The information solicited may be from the Department of State Police, Department of Motor Vehicles, Credit information, personal references, previous employer interviews and other sources.

I authorize the use of my SS # for obtaining necessary investigative background information.

I authorize an investigation of all statements made by me as well as my personal character, reputation and background which may include interviews of former employers, acquaintances and references, credit review, criminal record review, motor vehicle record review or other available information.

I understand that any misrepresentation or omission of fact on my application or supplementary background materials shall be cause for refusal to issue an Oregon License or Certificate.

I understand that an **incomplete** application and / or **failure to provide** required documentation will result in the application being returned.

I understand that on or before November 1 of each odd numbered year, the Board will mail to each licensed funeral service practitioner a form containing notice that the renewal fee is due and payable. In order to renew your license, you must complete and return the renewal form with the applicable renewal fee by December 31st. If your renewal is postmarked after December 31st, you must include a reinstatement fee of \$50.00 per license. Failure to renew and pay all fees within 90 days of December 31st will result in a permanently lapsed license.

I certify that all statements I have made on this application and other supplementary materials are true and correct to the best of my knowledge and belief.

Finally, I agree to comply with Oregon's Laws and Administrative Rules pertaining to the Death Care Industry.

YOUR SIGNATURE MUST BE NOTARIZED.

(Signature of Applicant) (Date)

Before me personally appeared _____ who is known
(print applicant's name)

to be the identical person who **signed** this application on this date _____, 20____.

NOTARY SEAL

(Signature of Notary Public)

(County / State)