

# RECIPROCAL / TEMPORARY LICENSE APPLICATION



I hereby make application to the  
LOUISIANA STATE BOARD OF EMBALMERS  
AND FUNERAL DIRECTORS  
STATE OF LOUISIANA

3500 N. Causeway Blvd. Suite 1232, Metairie, LA 70002

for an Embalmer and Funeral Director License and/or a Funeral Director License  
in accordance with State Law and Board requirements

**General Instructions and Important Notice:** Completion of this application form, seven (7) pages total, is necessary for consideration for licensure as an embalmer and funeral director in Louisiana, according to LA R.S. 37:831. **PLEASE RETURN ALL SEVEN (7) PAGES OF THIS APPLICATION.** Failure to disclose all requested information may result in this form not being processed and may subsequently result in denial of this application. *All candidates for initial licensure and renewal have a continuing obligation to update and supplement the information and responses on this application if they change.* Failure to supplement the information and responses provided on this application may result in denial or other appropriate action. All information provided must be accurate. Please note that the information provided on this application is subject to the public information laws of this jurisdiction with the exception of certain information as required by law.

Carefully follow the directions on this application form. In addition, please note the following;

- 1) Type or print legibly with black or blue ink only. This form may be typed and saved to a computer.
- 2) Disclosure of your U.S. social security number is mandatory. The social security number will be provided to the Department of Child and Family services to assist in the identification of persons who are delinquent in complying with a child support order, spousal support/alimony order or in the repayment of educational loans.
- 3) If the name shown on your supporting documents is different from that shown on your application, you must submit proof of legal name change, a copy of your marriage license, divorce decree, affidavit or court order.

### Supporting Documentation and Fees checklist:

- \_\_\_\_\_ Applicable fee - \$250.00 (please add \$20.00 if you choose the mail option, see below)
- \_\_\_\_\_ Temporary license permit fee - \$100.00 (non-refundable)
- \_\_\_\_\_ **PAYMENT total of \$350.00 by check, money order, cashier's check or debit/credit card – DO NOT SEND CASH**
- \_\_\_\_\_ Letter from the Louisiana employer stating the date employment begins.
- \_\_\_\_\_ Two (2) notarized statements of two responsible persons attesting that applicant has not ceased the practice of the **Applicant MUST have a licensed for at least one (1) year prior to submitting this application. Internships will not count for licensure status. Your license will be verified by the state from which reciprocity is being made.**
- \_\_\_\_\_ Letter from your last out of state employer stating dates of employment and reason for leaving employment.
- \_\_\_\_\_ **A license will not be issued if any of the following has not been received prior to the expiration date of the temporary permit.**
- \_\_\_\_\_ High school diploma, transcript or GED equivalent
- \_\_\_\_\_ Copy of transcript or diploma from the mortuary science program/school (program MUST be accredited by the ABFSE– American Board of Funeral Service Education)
- \_\_\_\_\_ Copy of license in good standing issued by another state, province, or jurisdiction recognized by this Board that has been issued for not less than 1 year.
- \_\_\_\_\_ Applicant MUST submit the attached certification of license verification form to the license board for the license held in another state, province, or jurisdiction for confirmation. **It is the applicant's responsibility to verify if a fee is applicable to the state board of licensure and secure the payment so that verification can be completed.**
- \_\_\_\_\_ Certified copy of NBE, SBE and/or LRR scores sent directly from the ICFSEB. A copy will NOT be accepted. Applicant MUST contact The Conference to request scores be forwarded directly to this office.

Your application is NOT considered complete until all supporting documents and fees have been received by the Louisiana State Board of Embalmers and Funeral Directors. If required items are being forwarded directly from an entity listed above, please call or email this office for receipt confirmation. This office will NOT hold an application and fees while awaiting the delivery of requested items.

**DO NOT SUBMIT THIS APPLICATION UNTIL ALL DOCUMENTS HAVE BEEN VERIFIED AS RECEIVED OR THIS MAY RESULT IN THE RETURN OF THIS APPLICATION.**

**PLEASE CHOOSE an OPTION below regarding the wall certificate (dimensions are 14 x 17 and suitable for framing):**

\_\_\_\_\_ Please hold my certificate, I prefer to pick up from the Board’s office.  
 Please include a telephone number below for notification that the certificate is ready for pick up.

\_\_\_\_\_ Please send my certificate to the mailing address below; **I understand that there is an additional fee of \$20.00 required for certified return receipt postage.** Please note that the mailing address below must be correct and a signature will be required for acceptance of the package.

**PART I: PERSONAL**

First Name		Middle Name		Last Name	
Social Security Number		Date of birth	Male ____ Female ____	Telephone / contact number	
Street Address		City	State	Zip	
Mailing Address		City	State	Zip	
Certificate to be mailed to: \$15.00 fee must be included					
Email					
Identify any maiden name, surname, or any other names or aliases you have been known by or used and identify the reason for your name change:					
Are you a U.S. citizen? ____ YES ____ NO					
If you answered no to the above, please specify if you are: a qualified alien (as defined in 8 U.S.C.A. §1641), a nonimmigrant under the Immigration and Nationality Act (8 U.S.C.A. §1101 et seq), an alien who is paroled into the United States under * U.S.C.A. §1182 (d)(5) for less than one year, a foreign national not physically present in the United States. If other, please explain:					

**PART II: EDUCATION – List the educational institutions attended that satisfy the educational requirement for licensure:**

High School/GED institution attended
Mortuary Science program attended accredited by the American Board of Funeral Service Education (ABFSE); Degree (official transcript required); date graduated;



**PART VII: CERTIFYING STATEMENT**

I hereby certify under penalty of perjury that I have read this application in its entirety. The responses and attached materials I have provided are true and accurate to the best of my knowledge. I further certify that I am of good moral character and have reviewed and will at all times comply with all applicable state laws, rules and regulations governing the license I am seeking to obtain. I hereby and direct any person, agency, firm, or other entity, to release upon request of the Louisiana State Board of Embalmers and Funeral Directors, any information, communication, report, record, statement, recommendation or disclosure that may have bearing on my eligibility for or continuance of the license for which I am applying. I understand that by signing this application, I am authorizing the release of information about me that may otherwise be protected and confidential.

Additionally, I understand and agree that any false information, misrepresentation, or omission of facts in this application and during the application process is cause for denial of this application.

Signature \_\_\_\_\_  
Full name of Applicant

Signed and Dated at

\_\_\_\_\_  
City State

This the \_\_\_\_\_ day of \_\_\_\_\_  
Month/Year

State of \_\_\_\_\_

Parish/County of \_\_\_\_\_

Name \_\_\_\_\_ the above named person, personally known to me, signed the application in my presence and being duly sworn, he/she states that he/she read the above application and that the statements which he/she made therein are true to the best of his/her knowledge, information, and belief.

\_\_\_\_\_  
Notary Public My Commission expires \_\_\_\_\_

Any discovered misstatements given herein will bring about the immediate revocation of any license granted to the applicant.

- Upon receipt, review and approval of the above, a temporary license, which will be in effect for not less than three (3) months and no longer than six (6) months from issue date, will be granted.
- Once you receive your temporary license registration, you are immediately released as eligible to take the LRR examination. Please schedule the examination through the ICFSEB – [www.theconferenceonline.org](http://www.theconferenceonline.org) or by calling 479.442.7076. The examination must be successfully passed by the six (6) month expiration date to receive a Louisiana license. If the LRR examination scores are unsuccessful, the temporary license will be expired and practicing will no longer be allowed until the examination has been successfully passed and a Louisiana license has been issued.
- Please note – an individual working under a temporary license does not have the authority to manage a funeral home. Management of a funeral home MUST be with a Louisiana license ( NOT a TEMPORARY license).
- Please refer to the regulations on our webpage, specifically, LA R.S. 37:842 and Title 46, Chapter 7, 707. All of the requirements listed herein above are outlined within the regulations.
- ***A temporary license holder MUST be employed with a Louisiana licensed funeral establishment.***
- ***A Louisiana licensee can only practice if employed with a Louisiana licensed funeral establishment.***

**PLEASE NOTE:**

***An individual holding a Louisiana license and who is practicing outside of Louisiana does not have the authority to practice in Louisiana if the licensee is not employed with a Louisiana licensed funeral establishment. If this is the case, then it is required that a Louisiana licensed funeral establishment be contacted to handle or assist with services to be provided in Louisiana.***

- ***Refer to the regulations for further information.***

INFORMATION IS OUTLINED THOROUGHLY UPON OUR WEBSITE AND BY THE FREQUENTLY ASKED QUESTIONS. YOU ARE RESPONSIBLE FOR REVIEWING AND FOLLOWING THE REGULATIONS WHICH ARE LOCATED UPON OUR WEBSITE.

**Please see below for the example of required statements; The form below may be utilized for the requirement – TWO (2) statements MUST be completed and submitted with application.**



**Statement 1** – This statement is based on LA R.S. 37:842. D. E.

\_\_\_\_\_ holds an active license from \_\_\_\_\_ and **has not ceased** the practice of:  
Name of applicant State

\_\_\_\_\_ the science of embalming and the profession of funeral directing

Or

\_\_\_\_\_ the profession of funeral directing

With said license for a period of not less than one (1) year during the prior three (3) year period in the State of \_\_\_\_\_.

\_\_\_\_\_  
Signature Printed name

SWORN AND SUBSCRIBED BEFORE ME  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_.

\_\_\_\_\_  
Notary Public County of \_\_\_\_\_

SEAL

Number: \_\_\_\_\_

My Commission expires: \_\_\_\_\_ in the State of \_\_\_\_\_

**Statement 2** – This statement is based on LA R.S. 37:842. D. E.

\_\_\_\_\_ holds an active license from \_\_\_\_\_ and **has not ceased** the practice of:  
Name of applicant State

\_\_\_\_\_ the science of embalming and the profession of funeral directing

Or

\_\_\_\_\_ the profession of funeral directing

With said license for a period of not less than one (1) year during the prior three (3) year period in the State of \_\_\_\_\_.

\_\_\_\_\_  
Signature Printed name

SWORN AND SUBSCRIBED BEFORE ME  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_.

\_\_\_\_\_  
Notary Public County of \_\_\_\_\_

SEAL

Number: \_\_\_\_\_

My Commission expires: \_\_\_\_\_ in the State of \_\_\_\_\_

The following form must be sent to the state from which you are reciprocating from and;

PLEASE CONTACT THE STATE BOARD OR COMMISSION TO VERIFY IF A FEE IS REQUIRED FOR THE COMPLETION OF THIS DOCUMENT. IF A FEE IS REQUIRED, YOU ARE RESPONSIBLE FOR PAYING THAT FEE FOR THIS DOCUMENT TO BE COMPLETED AND FORWARDED TO THE LOUISIANA STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS.

This letter MUST be forwarded directly back to this board from the state board or commission. It will not be accepted from the licensee.

This letter MUST be received before a license will be issued.



## Temporary / Reciprocal License Certification

**(The State Licensing Board shall complete this document and return to the LSBEFD)**

The individual named below is applying for a license in Louisiana. Please provide information for verification of license.

Name of Applicant \_\_\_\_\_

Please check one: **Funeral Director** \_\_\_\_\_ **Embalmer** \_\_\_\_\_ **Dual** \_\_\_\_\_

(1) License No. \_\_\_\_\_ (2) License No. \_\_\_\_\_

License Type: \_\_\_\_\_ License Type \_\_\_\_\_

Date Issued \_\_\_\_\_ Date Issued \_\_\_\_\_

Expiration \_\_\_\_\_ Expiration \_\_\_\_\_

Exam Average: *To be provided by The Conference* Exam Average: *To be provided by The Conference*  
*If the license was issued based on the State's board exam, please provide transcript or scores*

Name of school licensee attended \_\_\_\_\_

Has the licensee been current and in good standing for a period of five consecutive years with your State Board? \_\_\_\_\_ If NO, please explain \_\_\_\_\_

Has the licensee ever been disciplined by your State Board? (Revocation, suspension, probation, etc.)  
\_\_\_\_\_ If YES, please explain and attach copy of final decision \_\_\_\_\_

Are there any formal charges pending against the license? \_\_\_\_\_ If YES, please explain and attach copy of complaint \_\_\_\_\_

Acting on behalf of \_\_\_\_\_ (state board), I certify that the above information is true and correct based on the records of this Board.

\_\_\_\_\_  
**Official's Signature**

State Seal

\_\_\_\_\_  
**Print Official's Name**

\_\_\_\_\_  
**Email address for Official**