

For Board Use Only

Date of Application_____	License Number_____
Date of State Exam_____	
Score of State Examination_____	Date Issued_____
Board Approval_____	Date Expires_____
\$ _____ Exam Fee CK#_____	\$ _____ Application Fee CK#U_____

Application For License To Practice Funeral Service as a Embalmer/Director

Presented To

**The South Dakota
State Board of Funeral Service
810 North Main #298
Spearfish, SD 57783
(605) 642-1600**

Current
Photo Of Applicant

Name of Applicant:_____ SS No. _____

(social security number's use is intended for purposes of identification related to
licensure issues, discipline, and other board related issues)

Rules And Regulations Governing Licenses

Any person desiring to become licensed to practice funeral service in South Dakota must first obtain a license application blank from the state board. The application blank, properly filled out and accompanied by an application fee of \$125.00 and an examination fee of \$50.00 (see SDCL 36-19-24), shall be filed with the secretary at least 15 days prior to the date of examination. A recent photograph of the applicant must be attached for identification purposes.

In order to qualify for license to practice funeral service, the applicant must be a citizen of the United States, be at least 18 years of age, and must be of good moral character and must meet all necessary educational requirement with examinations grades of at least 75%.

IDENTIFICATION

Date _____

1. Full Name of applicant _____

Last
First
Middle
Maiden
2. Address _____

Mailing
City
State
Zip

 Phone No. (_____) _____
3. Place of Birth _____ Date of Birth _____
4. Are you a citizen of the United States? _____

Please Check (+) either yes or nor for each question in the appropriate section below.
 (All applicants must complete)

- | | Yes | No |
|--|--------------------------|--------------------------|
| 5. Have you ever had your funeral services license suspended, place on probation, or otherwise disciplined in South Dakota or any other state? If yes, explain here or attach a separate sheet. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are there any complaints currently pending against you as a funeral service licensee in South Dakota or in any other state? If yes, explain here or attach separate sheet. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you been convicted or found guilty of any criminal offense other than traffic violations? If yes, explain here or attach a separate sheet to include the offense convicted of, date of conviction, court convicted in, and a copy of the conviction. | <input type="checkbox"/> | <input type="checkbox"/> |

8. Place of Business or Employment _____
 Address _____

Mailing
City
State
Zip

 Phone No. (_____) _____

9. Name and Location of High School of Graduation _____ Year _____
 Furnish certified transcript direct from the High School to the board.
10. Traineeship completed. Yes _____ No _____ If yes, name and address of sponsor(s) _____

Please complete Certificate of Apprenticeship and forward to each sponsor.

11. Name and location of Embalming School of Graduation _____

 Furnish a certified transcript sent directly from embalming college.

12. Name & location of Accredited College(s) or University(s) where 60 hours of qualifying course work was attended*. Furnish certified transcript directly from the college or university to the board unless you have a Bachelors degree in Funeral.

NAME

ADDRESS

DATES

* The applicant must have successfully completed 60 semester hours credit from a college or university with the following academic course requirements: (1) COMMUNICATIONS, 9 semester hours, including speech and English composition; (2) SOCIAL SCIENCE, 12 semester hours, including sociology and psychology; (3) NATURAL SCIENCE, 15 semester hours, including chemistry, biology, microbiology and anatomy; (4) BUSINESS, 9 semester hours, including accounting, business law, and business management; (5) Electives, 15 semester hours. These semester hours are in addition to the required course work for your embalming associate degree.

13. Are you licensed or have you ever been licensed to practice funeral embalming/directing in a state other than South Dakota Yes _____ No _____

Give State(s) _____ Licensed from _____ to _____

License Number _____ If yes, request the Board in the other state(s) complete and return directly to South Dakota board the form for "Verification of Licensure in Another State."

14. I tested on _____ year _____, at _____
for the conference of Funeral Service Examining Board. City State

(Furnish certified record of subject and score sent directly from conference.)

Name of Applicant _____

AFFIDAVIT

I hereby state that I have fully read and understand the questions presented in this application and have answered them truthfully and completely. I acknowledge that my failure to make a full and accurate disclosure of any information called for herein may result in the denial of my application. I further acknowledge that any license or certification I may obtain on the basis of this application may be revoked or suspended for my failure to disclose full and accurate information herein.

I will furnish addition information or documentation as may be deemed necessary by the South Dakota State Board of Funeral Service for the verification of the information I have disclosed in this application.

I will not hold myself out as a state licensed funeral service embalmer/director until the license or certificate authorizing me to do so is in my possession.

I hereby declare under penalty of perjury that the foregoing answers and statement are true and correct.

MUST BE SIGNED IN PRESENCE OF NOTARY	Applicant Signature		Date of Signature
Notary Public Embossed Seal or Rubber Stamp	Subscribed and Sworn Before Me, this day of year		
	Notary Public Signature	My Commission Expires	
	Notary Public Name (Type or Printed)		

This completed application, together with the appropriate application fees and any supporting documents should be submitted to:

South Dakota Board of Funeral Service
810 North Main #298
Spearfish, SD 57783