

For Board Use Only

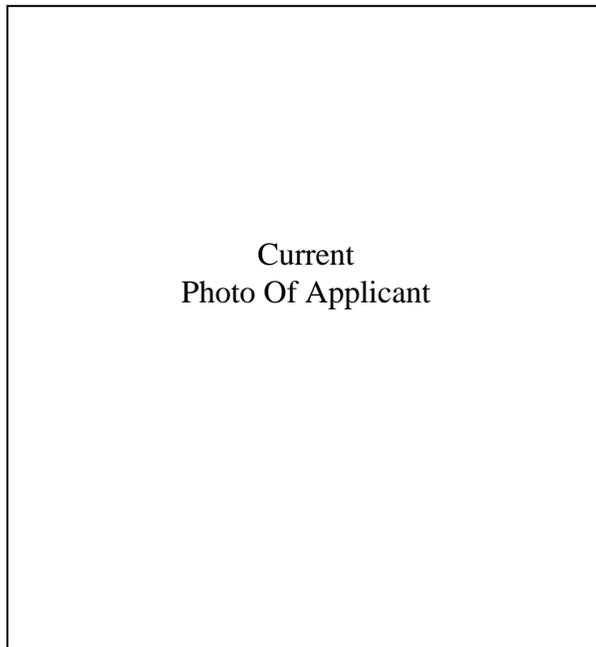
Date of Application_____	License Number_____
Date of State Exam_____	
Score of State Examination_____	Date Issued_____
Board Approval_____	Date Expires_____
\$ _____ Exam Fee CK#_____	\$ _____ Application Fee CK#_____

Application for License to Practice Funeral Service as an 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: _____

Rules And Regulations Governing Licenses

Any person desiring to become licensed to practice funeral service in South Dakota must first submit a completed application to the State Board office. The application must be properly filled out and accompanied by an application fee of \$125.00 and an examination fee of \$50.00. A recent photograph of the applicant must be attached for identification purposes.

In order to qualify for a license to practice funeral service the applicant must meet all of the necessary requirements (see SDCL 36-19-2).

IDENTIFICATION

Date _____

1. Full Name of Applicant _____
Last
First
Middle
Maiden

2. Address _____
Mailing
City
State
Zip
 Phone No. (_____) _____

3. Social Security No. _____ Date of Birth _____

4. Email Address: _____

5. Are you a citizen of the United States? Yes No

6. Race (please circle one): White Black or African American American Indian or Alaskan Native
 Asian Native Hawaiian or Other Pacific Island Not Listed or Prefer Not to Answer Not Applicable

7. Gender (please circle one): Male Female Prefer Not to Answer Not Applicable

8. Ethnicity (please circle one): Hispanic Non-Hispanic Prefer Not to Answer Not Applicable

Please Check (+) either yes or no for each question in the appropriate section below.
 (All applicants must complete)

- | | Yes | No |
|---|--------------------------|--------------------------|
| 9. Have you ever had your funeral services license suspended, place on probation, or otherwise disciplined in South Dakota or any other state? If yes, please attach a separate sheet of paper including an explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are there any complaints currently pending against you as a funeral service licensee in South Dakota or in any other state? If yes, please attach a separate sheet of paper including an explanation.. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you been convicted or found guilty of any criminal offense other than traffic violations? If yes, please attach a separate sheet of paper including an explanation. Include the offense you were convicted of, date of the conviction, the court convicted in, and send us a copy of the conviction. | <input type="checkbox"/> | <input type="checkbox"/> |

12. Place of Business or Employment _____

Address _____
Mailing
City
State
Zip
 Phone No. (_____) _____

Employer Business Type (please circle one): Unknown Individual Partnership Corporation
 Association LLC LLP Other

13. Name and Location of High School of Graduation _____ Year _____
Request official transcripts be sent direct from the High School to the Board office.

14. Traineeship completed. Yes _____ No _____ If yes, name and address of sponsor(s) _____

Please complete Certificate of Apprenticeship form and forward to each sponsor.

15. Name and location of Accredited Mortuary Science Program _____

Date of Graduation from Accredited Mortuary Science Program _____

Request official transcripts be sent direct from the embalming school to the Board office.

16. The applicant for a funeral service license must successfully complete the prescribed course of study from a college of mortuary science accredited by the American Board of Funeral Service Education, Inc. In addition, the applicant must complete an academic course requirement of 60 semester hours from an accredited college or university. The Board requires coursework in each of the following areas: Communications or the equivalent, Social Science or the equivalent, Natural Science or the equivalent, Business or the equivalent, and Electives.

Please list below the name and location of accredited College(s) or University(s) where you completed at least 60 hours of qualifying coursework. **Request official transcripts be sent direct from the institution to the Board office.**

NAME	ADDRESS	DATES
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

17. 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 office in the other state(s) complete the "Verification of Licensure in Another State" form and return it directly to the Board office in South Dakota.**

18. I tested for the National Board Examination through The Conference on _____ at _____
(mm/dd/yyyy) City State

Furnish certified record of subject and score sent directly from The Conference to the Board office.

19. Is your spouse an active duty member of the armed forces? Yes No
If yes, was your spouse subject to military transfer to South Dakota? Yes No
If yes, did you leave employment to accompany your spouse to South Dakota? Yes No

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 additional 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	
	<div style="display: flex; justify-content: space-between;"> day of year </div>	
	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