

Application for Licensure to Practice Funeral Service as a Funeral Director

South Dakota Board of Funeral Service
810 N. Main St. #298
Spearfish, SD 57783
office@sdlicensing.com

FOR BOARD USE ONLY

Date of Application _____ App Fee\$ _____ Check# _____

License Number _____ Date Issued _____

Board Approval _____ Date Expires _____

Date Child Support Checked: _____

Please type or print legibly in black or blue ink. Please note this application must be notarized and accompanied by an application fee of \$225.00

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. Gender: Male _____ Female _____ Prefer Not to Answer _____ Not Applicable _____

7. Have you ever had your funeral services license suspended, placed on probation, or otherwise disciplined in South Dakota or any other state? If yes, please attach a separate sheet of paper including an explanation. Yes No
☐ ☐

8. 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. Yes No
☐ ☐

9. SDCL 25-7A-56 prohibits the issuance or renewal of any state regulated license of an applicant owes \$1000 or more in past due child support. Do you owe \$1000 or more in past due child support? Yes No
☐ ☐

10. Have you ever been convicted, plead no contest/nolo contendere, plead guilty to, or been granted a deferred judgment or suspended imposition of sentence or had prosecution deferred with respect to a felony? ☐ ☐
11. Have you ever been convicted, plead no contest/nolo contendere, plead guilty to, or been granted a deferred judgment or suspended imposition of sentence, or had prosecution deferred with respect to a misdemeanor other than a class 2 misdemeanor traffic offense? *it is the applicants responsibility to confirm whether the infraction is a class 1 or class 2 misdemeanor* ☐ ☐

If you answered yes to question 9 or 10, provide a personal statement detailing the nature of the crime, whether you think the crime relates to your practice, and description of rehabilitation efforts. You must also submit copies of charges or citations and ALL communications (to and from) the citing agency AND the court of jurisdiction, including evidence of completion/compliance with court requirements. You must attach all communications for a violation to the signed and dated explanation of that violation. Please put correspondence in chronological order (most recent first). If you have more than one violation, please do the same for each violation. This does not include records that have been sealed, expunged, or pardoned.

12. Place of Business or Employment _____

Employer Address _____

Mailing City State Zip

Phone No. () _____

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

13. Traineeship completed in South Dakota? Yes ___ No___ If yes, name of sponsor(s) and establishment(s) _____

If Completed in SD, Please request each sponsor complete Certificate of Apprenticeship form and return to the board office.

14. Name and location of Accredited Mortuary Science Program _____

Date of Graduation from ABFSE Accredited Mortuary Science Program _____

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

15. The applicant for a funeral service license must have successfully completed at least 90 credit hours offered by an accredited institution of higher education **and** obtained a degree or certificate from a mortuary science or funeral service program that is accredited by the American Board of Funeral Service Education. Please list below the name and location of College(s) or University(s) where you completed coursework in addition to your accredited Mortuary Science or Funeral Service Program. **Request official transcripts be sent directly from the institution to the Board office.**

NAME

ADDRESS

DATES

16. 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(s)_____ **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.**
17. 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.**
18. 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 further authorize the Board to verify any and all information contained in this application. I authorize the Board to obtain and review any and all records and files pertaining to my licensure and practice in this and any other state in which I have been licensed or applied for licensure, and all law enforcement records, administrative records, motor vehicle records, and court documents required to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization for entities in possession of applicable information to release such information to the licensing Board.

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 declare and affirm under the penalties of perjury that I will faithfully submit and conform myself and my actions to comply with all provisions of South Dakota Codified Law and the Administrative Rules of South Dakota governing the practice of Funeral Service in South Dakota.

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

Applicant's Signature

Date (mm/dd/yyyy)

Please print name as you would like it to appear on license

(Continue on next page)

NOTORIZATION

The applicant _____, having appeared before me and being identified as the same individual by the appropriate identification, being sworn, deposes and says that he/she is the person who executive this application; that the statements herein contained are true in every respect; that he/she has not suppressed any information that might affect this application.

Subscribed and sworn before me this _____ day of _____, _____

My commission expires _____

Signature of Notary Public

(Seal)

This completed application, together with the appropriate application fees and any supporting documents should be submitted to: SD Board of Funeral Service, 810 N. Main St. #298, Spearfish, SD 57783. For questions regarding your application, please e-mail office@sdlicensing.com