

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

FUNERAL DIRECTORS EXAMINING BOARD

INFORMATION FOR COMPLETING FUNERAL DIRECTOR EXAMINATION APPLICATION

Examination Information:

- The Wisconsin Funeral Directors Examining Board accepts the National Board Examination (NBE) passing scores. Applicants who have passed the NBE will only be required to pass the Wisconsin State Laws Examination. Information on the NBE can be obtained at www.cfseb.org. All applicants for an initial licensure will be required to pass the Wisconsin State Laws Examination and the NBE. The NBE exam is not required for reciprocal applicants.
- The examinations will be administered online by the Department of Safety and Professional Services. You will receive a login ID and password after submitting your application. Applicants will receive examination results as soon as they complete the online examination. The passing score is 75%.
- The exam content is drawn from applicable Wisconsin Statutes and Administrative Code chapters specific to Funeral Directors. The purpose of the exam is to familiarize you with locating the Statutes and Administrative Codes that regulate the practice of the profession. You can find more information regarding the exam online at <http://dsps.wi.gov/Licenses-Permits/FuneralDirector/FDIRexams>.

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

1. **Application for Funeral Director Examination (Form #1590)** – After the application is received and processed, you will receive confirmation to take the exam via email.
2. **\$75.00 Examination Fee** - Must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services.

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APPLICATION FOR FUNERAL DIRECTOR EXAMINATION

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12).

PLEASE TYPE OR PRINT IN INK Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>
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Address (street, city, state, zip) <input type="text"/>	Daytime Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
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Mailing Address (if different) <input type="text"/>	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>
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Social Security # <input type="text"/> - <input type="text"/> - <input type="text"/>	Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.
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Ethnicity/gender status information is optional.

Ethnicity: White, not of Hispanic origin American Indian or Alaskan Hispanic
 Black, not of Hispanic origin Asian or Pacific Islander Other

Sex: M F

Have you ever been licensed in Wisconsin as a Funeral Director? Yes No If yes, list your credential number:

Email Address

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

- \$ 75.00 Initial Applicant Examination Fee
- \$ 75.00 Reciprocal Applicant Examination Fee
- \$ 75.00 Re-take Examination Fee

For Receipting Use Only (77)

Wisconsin Department of Safety and Professional Services

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature:

Date: / /