

# 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](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## FUNERAL DIRECTORS EXAMINING BOARD

### INFORMATION FOR COMPLETING REINSTATEMENT OF CREDENTIAL APPLICATION

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

1. **Application for Reinstatement (Form #2057)** – If your credential has been expired more than five (5) years, you must apply by reinstatement.
2. **\$195.00 Reinstatement Fee** – The total amount is for the \$170.00 renewal fee plus a \$25.00 late renewal fee. Please make check or money order payable to Department of Safety and Professional Services.
3. **Wisconsin State Laws Examination** - An applicant shall successfully complete an online examination on Wisconsin Statutes and Rules relating to the practice of funeral directing before a license can be issued in Wisconsin.
4. **Evidence of One of the Following:**
  - a. **Proof of Current Licensure** - Submit proof of current licensure as a Funeral Director with an active license in good standing in another state. Submit Verification of Examination or Licensure (**Form #1576**) for the state in which you are issued a current Funeral Director license. The certification form must be sent by the state directly to DSPS.
  - b. **Proof of Continuing Education Completion** – If your Funeral Director license has been expired for more than five (5) years but less than ten (10) years and you do not hold an active license in good standing in another state, submit proof of completing required 30 hours of continuing education per Wis. Admin. Code § FD 4.03. The continuing education courses shall have been completed within the four (4) years prior to submitting this application (**Form #2057**) and shall include a minimum of ten (10) hours of in-person instruction.
  - c. **Pass National Board Examination (NAB) and Continuing Education** – If your Funeral Director license has been expired for ten (10) years or more and you do not hold an active license in good standing in another state, provide evidence of passage of the National Board Examination of the International Conference of Funeral Service Examining Boards within twelve (12) months prior to submitting this application (**Form #2057**). You must also submit proof of completing required 30 hours of continuing education per Wis. Admin. Code § FD 4.03. The continuing education courses shall have been completed within the four (4) years prior to submitting this application (**Form #2057**) and shall include a minimum of ten (10) hours of in-person instruction.

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## FUNERAL DIRECTORS EXAMINING BOARD APPLICATION FOR REINSTATEMENT OF CREDENTIAL

<b>PLEASE TYPE OR PRINT IN INK</b>				<input type="checkbox"/> 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).
<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Former / Maiden Name(s)</b>	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
<b>Address</b> (street, city, state, zip)			<b>Daytime Telephone Number</b>	
<input style="width: 95%;" type="text"/>			<input style="width: 95%;" type="text"/>	
<b>Mailing Address</b> (if different)			<b>Date of Birth</b>	
<input style="width: 95%;" type="text"/>			<input style="width: 95%;" type="text"/>	
<b>Social Security #</b>		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.		
<input style="width: 95%;" type="text"/>				
Ethnicity/gender status information is optional.				
<b>Ethnicity:</b> <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other				
<b>Sex:</b> <input type="checkbox"/> M <input type="checkbox"/> F				
<b>Email Address</b>				
<input style="width: 95%;" type="text"/>				
<b>Credential History:</b>				
Wisconsin License/Credential Number:		Expiration Date:		
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>		
Are you credentialed in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list all active and inactive states: <input style="width: 95%;" type="text"/>				
For each credential listed above, you are required to have each State Board or territory of the United States submit <b>Verification of Examination or Registration (Form #1576)</b> to the Wisconsin Funeral Director Examining Board.				

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

**For Receiving Use Only (77)**

- Reinstatement Credential Fee**  
     \$170.00 Renewal Fee  
     \$25.00 Late Renewal Fee  
     **\$195.00 Total Fee Attached**

# Wisconsin Department of Safety and Professional Services

**Employment:** List the information below for the licensed Funeral Establishment where you will be employed.

**Funeral Establishment Name**

**Funeral Establishment License Number**

**Funeral Establishment Address**

**Provide a chronological resume of all employment since your credential was current.** (Attach additional sheets, if necessary)

Employer	Employed From	Employed To	Type of Business
	□□ / □□	□□ / □□	
	□□ / □□	□□ / □□	
	□□ / □□	□□ / □□	
	□□ / □□	□□ / □□	
	□□ / □□	□□ / □□	
	□□ / □□	□□ / □□	

**Education:** Provide evidence of completion for any continuing education programs you have completed. (Attach additional sheets, if necessary)

Course Name	Date of Attendance	Hours	Course Provider
	□□ / □□ / □□	□	
	□□ / □□ / □□	□	
	□□ / □□ / □□	□	
	□□ / □□ / □□	□	
	□□ / □□ / □□	□	
	□□ / □□ / □□	□	
	□□ / □□ / □□	□	
	□□ / □□ / □□	□	
	□□ / □□ / □□	□	
	□□ / □□ / □□	□	

# Wisconsin Department of Safety and Professional Services

**ANSWER THE FOLLOWING QUESTIONS** (attach additional sheet(s) if necessary)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? <b>If yes, give details on an attached sheet, including the name of the profession and the agency.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? <b>If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against you in any jurisdiction? <b>If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea or verdict. <b>If yes, submit Convictions and Pending Charges (Form #2252).</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are you incarcerated, on probation, or on parole for any conviction? <b>If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you registered or licensed in any other profession(s)? <b>If yes, state what profession(s) and in what state(s):</b> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you ever been credentialed under any other name(s)? <b>If yes, state name(s) credentialed under:</b> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**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:  /  /