

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
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Fax #: (608) 251-3036
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Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

FUNERAL DIRECTORS EXAMINING BOARD

INFORMATION FOR COMPLETING FUNERAL DIRECTOR APPLICATION

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

Initial Applicants

1. **Application for Funeral Director License (Form #403)**
2. **Initial Credentialing Fee** – Must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services.
3. **Official Transcripts** - Evidence of completion of at least 24 semester credits of instruction specified in [Wis. Stat. § 445.045\(1\)\(d\)](#). An applicant shall submit to the board an official transcript of courses from a regionally accredited college showing that the applicant has completed at least 24 semester credit hours in the following areas: English or Communication Skills; Social Sciences; Natural Sciences; Business Studies; and electives ([Wis. Admin. Code § FD 1.04](#)). Transcripts must be forwarded directly by the college to you. **Unofficial copies of transcripts are not acceptable.**
4. **Mortuary Science Course Completion** – Evidence of satisfactory completion of 9 months or more instruction in a prescribed curriculum in funeral service education, either before or after completing the 1-year apprenticeship required under [Wis. Stat. § 445.095](#), offered by an educational institution accredited by the American board of funeral service education or otherwise deemed to be equivalent by the funeral directors examining board ([Wis. Admin. Code § FD 1.05](#)).
5. **Apprenticeship Completion** – Evidence of completion of a one (1) year apprenticeship under [Wis. Stat. § 445.095](#) and [Wis. Admin. Code § FD 1.077](#).
6. **National Board Examination (NBE)** – All applicants for initial licensure must pass the NBE.
7. **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.

Reciprocal Applicants A person licensed as a funeral director in another state may obtain a license if the applicant holds a valid funeral director's license in good standing from another state having requirements determined by the board to be substantially equivalent to the requirements prescribed in [Wis. Stat. § 445.045](#) and [Wis. Admin Code ch. FD 1](#). **Note:** License from other state must remain current and in good standing until Wisconsin credentialing process is complete.

1. **Application for Funeral Director License (Form #403)**
2. **Credentialing Fee** – Must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services.
3. **Verification of Examination or Registration (Form #1576)** – Must be completed by each state licensing Board or agency in which you hold a credential. A photocopy of the credential is not acceptable.
4. **Wisconsin State Laws Examination (Form #1590)** – Submit evidence of passage of the WI jurisprudence examination for Funeral Directors. The NBE is not required for reciprocal applicants.

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FUNERAL DIRECTORS EXAMINING BOARD APPLICATION FOR FUNERAL DIRECTOR LICENSE

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK		<input type="checkbox"/> Your name, address, phone number, and e-mail address are available to the public. Check box to withhold street address/PO Box, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).	
Last Name <input style="width:95%;" type="text"/>	First Name <input style="width:95%;" type="text"/>	MI <input style="width:95%;" type="text"/>	Former / Maiden Name(s) <input style="width:95%;" type="text"/>
Address (street) (city) (state) (zip code)		Daytime Telephone Number <input style="width:25%;" type="text"/> - <input style="width:25%;" type="text"/> - <input style="width:25%;" type="text"/>	
Mailing Address (if different) (street) (city) (state) (zip code)		Date of Birth <input style="width:15%;" type="text"/> / <input style="width:15%;" type="text"/> / <input style="width:25%;" type="text"/>	
Social Security Number <input style="width:15%;" type="text"/> - <input style="width:15%;" type="text"/> - <input style="width:25%;" type="text"/>		Your Social Security 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.	
Ethnicity/gender status information is optional.			
GENDER <input type="checkbox"/> M <input type="checkbox"/> F		ETHNICITY <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	
Have you ever been licensed in Wisconsin as a Funeral Director?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list your credential number: <input style="width:150px;" type="text"/>	
Have you ever been issued a WI Apprentice Permit?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the following:	
Name of Funeral Establishment <input style="width:95%;" type="text"/>		Address of Funeral Establishment (street, city, state, zip code) <input style="width:95%;" type="text"/>	
E-mail Address <input style="width:95%;" type="text"/>			
Funeral Establishment Name <input style="width:95%;" type="text"/>		Funeral Establishment Permit Number <input style="width:95%;" type="text"/>	
Funeral Establishment Address (street, city, state, zip code) <input style="width:95%;" type="text"/>			

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application. To pay by credit card see [Form #3071](#).

- I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see Page 2 for further information)
- Initial Credential Fee**
\$ 60.00 Total Fee Attached
- Reciprocal Credential Fee**
\$ 60.00 Total Fee Attached

For Receiving Use Only (77)

Wisconsin Department of Safety and Professional Services

ARE YOU A VETERAN? If yes, please view the Department website at <https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx> for information and eligibility requirements for veterans, service members, former service members, and their spouses.

If you qualify, are you requesting a waiver of your initial credentialing fee? Yes No

If Yes, provide copy of WI Dept of Veterans Affairs (WDVA) voucher code and list your WDVA Voucher Code #: _____

If you qualify, are you requesting equivalency of your military training and experience? Yes No

If Yes, complete and return the Veteran Request Application Addendum ([Form #2996](#)). This form must be included with this application.

(You may contact the WDVA at 1-800-947-8387 or dva.wi.gov for assistance in obtaining your WDVA Voucher Code and/or documents related to your training.)

If you qualify, are you a service member, former service member, or spouse requesting a reciprocal credential? Yes No

If Yes, do not complete this form. You must complete and return the Reciprocal Credential Application for Service Members, Former Service Members, and Their Spouses ([Form #3982](#)).

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> and select "PROFESSIONS," then "Funeral Director."

EDUCATION: Official Transcript(s) Required.

Name of School

Date of Graduation

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ANSWER THE FOLLOWING QUESTIONS. (Attach additional sheets if necessary.)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<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? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been convicted of a misdemeanor, felony, or other violation of federal or state law or do you have any felony, misdemeanor, or other violation of federal or state law charges pending against you in this state or any other? This includes convictions resulting from a plea of no contest, a guilty plea, or verdict. If yes, submit Convictions and Pending Charges Form (#2252) and required documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are you incarcerated, on probation, or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

I AM OR HAVE BEEN LICENSED IN THE FOLLOWING STATE(S). (Include all active and inactive states.)

For each credential listed above, you are required to have each State Board or territory of the United States submit a letter of verification to the Wisconsin Department of Safety and Professional Services. The verification letter(s) must state your date of birth, credential number, date of issuance, and a statement regarding disciplinary actions.

REGARDING THE STATES YOU LISTED ABOVE: Identify the states in which you were licensed by EXAM.

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 have provided to the Department of Safety and Professional Services change.

Signature:

(Print and Sign Form)

Date: / /