

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

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 two (2) academic years of instruction in a recognized college or university meeting the requirements in 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 completion of nine (9) months or more instruction in a prescribed course in mortuary science meeting the requirements of Wis. Admin. Code § 1.05 after having completed one (1) year of college work or equivalent education.
5. **Apprenticeship Completion** – Evidence of completion of a one (1) year apprenticeship under Wis. Stats. § 445.095 after having completed one (1) year of college work or equivalent education.
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 (currently licensed as a Funeral Director in another state)

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. **Official Transcripts** – Evidence of completion of nine (9) months or more of instruction in a prescribed curriculum in funeral service education offered by an education institution accredited by the American board of funeral service education or deemed to be equivalent by the Board. Transcripts must be forwarded directly by the college to you. **Unofficial copies of transcripts are not acceptable.**
4. **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.
5. **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

PLEASE TYPE OR PRINT IN INK				<input type="checkbox"/> Your name, address, telephone number, and email address are available to the public. Check box to withhold address, telephone number, and email address from lists of 10 or more credential holders (Wis. Stat. § 440.14).			
Last Name <input style="width:90%;" type="text"/>		First Name <input style="width:90%;" type="text"/>		MI <input style="width:30%;" type="text"/>	Former / Maiden Name(s) <input style="width:95%;" type="text"/>		
Address (street, city, state, zip) <input style="width:95%;" type="text"/>					Daytime Telephone Number <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> - <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> - <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>		
Mailing Address (if different) <input style="width:95%;" type="text"/>					Date of Birth <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> / <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> / <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>		
Social Security # <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> - <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> - <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" 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.					
Ethnicity/gender status information is optional.							
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	
Sex:		<input type="checkbox"/> M <input type="checkbox"/> F					
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:90%;" 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) <input style="width:95%;" type="text"/>			
Email Address <input style="width:95%;" type="text"/>							
Funeral Establishment Name <input style="width:95%;" type="text"/>					Funeral Establishment Permit # <input style="width:95%;" type="text"/>		
Funeral Establishment Address (street, city, state) <input style="width:95%;" type="text"/>							

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

- I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)
- Initial Credential Fee**
\$ 75.00 Total Fee Attached
- Reciprocal Credential Fee**
\$170.00 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 <http://dsps.wi.gov> for eligibility requirements.

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

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

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.

If you qualify, are you requesting Temporary Spousal Reciprocal License? Yes No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

You may contact the DVA at 1-800-WisVets or www.WISVETS.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> and select the "Professional Credential Renewal Information."

EDUCATION: Official Transcript(s) Required.	
Name of School <input style="width: 90%; height: 25px;" type="text"/>	
School Code (from page i) <input style="width: 95%; height: 25px;" type="text"/>	Date of Graduation <input style="width: 20px; height: 25px;" type="text"/> / <input style="width: 20px; height: 25px;" type="text"/> / <input style="width: 20px; height: 25px;" type="text"/> <input style="width: 20px; height: 25px;" type="text"/> <input style="width: 20px; height: 25px;" type="text"/> <input style="width: 20px; height: 25px;" type="text"/>

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? 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, 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. If yes, submit Convictions and Pending Charges (Form #2252).	<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: 70%; height: 25px;" 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: 70%; height: 25px;" 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)

<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
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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.

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: / /