

NORTH CAROLINA BOARD OF FUNERAL SERVICE

1033 WADE AVE., SUITE 108 RALEIGH, NC 27605 PHONE (919) 733-9380 FAX (919) 733-8271

APPLICATION FOR INDIVIDUAL LICENSE

INSTRUCTIONS

- 1) This application must be typed or printed legibly in ink, signed by the applicant, and notarized. Illegible applications will be returned to the applicant.
- 2) This application must be accompanied by a fee of \$150.00. Review license requirements carefully as the fee is non-refundable. Pursuant to 21 NCAC 34A .0202 and N.C.G.S. 25-3-506, a fee of \$25.00 will be charged for returned checks.
- 3) This application must be accompanied by a small, recent photograph of the applicant.
- 4) All applicants must:
 - a. be at least 18 years of age;
 - b. be of good moral character;
 - c. have completed the requirements of a resident traineeship for the type of licensure being sought within the last three years; and
 - d. have passed the North Carolina State Board Laws and Rules Exam within the last three years.
- 5) All applicants for a funeral service license must:
 - a. Possess an associate degree in mortuary science, or the equivalent, from a mortuary science program approved by the Board and accredited by the American Board of Funeral Service Education. You must request a certified transcript from each college where you attended courses toward this educational requirement. Each such transcript must be mailed directly to the Board; and
 - b. have passed the National Board Exams administered by the International Conference of Funeral Service Examining Boards, or the North Carolina State Board Exam for Arts and the North Carolina State Board Exam for Science within the last three years.
- 6) All applicants for a funeral directing license must:
 - a. Possess a degree in mortuary science or have graduated from a Funeral Director Program, or the equivalent, from a program approved by the Board and accredited by the American Board of Funeral Service Education. You must request a **certified** transcript from each college where you attended courses toward this educational requirement. Each such transcript must be mailed directly to the Board;
 - b. have passed the North Carolina State Board Exam for Arts within the last three years; and
 - c. have passed the North Carolina State Board Exam for Pathology within the last three years.
- 7) All applicants for an embalming license must:
 - a. Possess an associate degree in mortuary science, or the equivalent, from a mortuary science program approved by the Board and accredited by the American Board of Funeral Service Education. You must request a certified transcript from each college where you attended courses toward this educational requirement. Each such transcript must be mailed directly to the Board; and
 - b. have passed the North Carolina State Board Exam for Science within the last three years.
- 8) Applications that are not completed within ninety (90) days of submission to the Board shall be denied.
- 9) Upon receipt of a completed application, the Board will provide you with instructions on how to submit fingerprints to the NC State Bureau of Investigation for a criminal background check, along with the appropriate fee.

| 1. | full Name: | | | |
|----------|--|---|---|--|
| 2. | Physical Address of Personal Residence: | | | |
| | City: | County: | Zip: | |
| | Mailing Address of Personal Residence (if different than Physical Address): | | | |
| | City: | County: | Zip: | |
| 3. | Work Phone #: | Home Phone #: | Cell Phone #: | |
| 4. | E-mail address: | Social Security Number: | | |
| 5. | Date of Birth: | Place of Birth: | Sex: | |
| 6. | Name and Address of Present Emp | oloyer: | | |
| 7. 8. | Which type of individual license at Education: | re you seeking? Funeral Service | Funeral Director Embalme | |
| | (a) Name of college(s) attended: | | | |
| | (b) Dates of attendance: | | | |
| | (c) Graduation date and degree(s) obtained: | | | |
| 9. | Employment History for Preceding Three (3) Years: | | | |
| | <u>Employer</u> | <u>Address</u> | Dates of Employment Nature of Work | |
| | | | | |
| 10. | | er been licensed to practice funeral service, funeral on what jurisdiction? | | |
| 11. | Have you ever had any occupational or business license which has been denied, suspended, or revoked by any local, state, or federa agency? YesNo | | | |
| | details of any violation that led to action against your license, the terms of any discipline imposed by the licensing authority and whether said terms have been satisfied. | | | |
| 12. | Have you ever been convicted of any felony or misdemeanor crime(s) (other than traffic infractions)? | | | |
| | YesNo If yes, a | ttach a detailed statement providing the jurisdiction | on, charge, and disposition of each conviction. | |
| 13. | Have you ever been the subject of adverse action by any local, state, or federal agency? | | | |
| | YesNo If yes, attach a statement giving complete details as to location, date, and the type of adverse action | | | |
| | Also, include the terms of any action taken by the authority and if those terms have been satisfactorily completed. | | | |
| 14. | Within the preceding two (2) years | s, have you been the subject of any investigation for | employee misclassification? | |
| | YesNo If yes, a | ttach a statement giving complete details as to the | e results of the investigation. | |

NC INDUSTRIAL COMMISSION PUBLIC NOTICE STATEMENT

Any worker who is defined as an employee by N.C. Gen. Stat. §§ 95-25.2(4)(NC Department Of Labor), 143-762(a)(3)(Employee Fair Classification Act), 96-1(b)(10)(Employment Security Act), 97-2(2)(Workers' Compensation Act), or 105-163.1(4)(Withholding; Estimated Income Tax for Individuals) shall be treated as an employee unless the individual is an independent contractor. Any employee who believes that the employee has been misclassified as an independent contractor by the employee's employer may report the suspected misclassification to the Employee Classification Section within the North Carolina Industrial Commission: Employee Classification Section, North Carolina Industrial Commission, 1233 Mail Service Center Raleigh, NC 27699-1233 Telephone: (919) 807-2582 Fax: (919)715-0282 Email: emp.classification@ic.nc.gov

Employee misclassification is defined as avoiding tax liabilities and other obligations imposed by Chapter 95, 96, 97, 105, or 143 of the North Carolina General Statutes by misclassifying an employee as an independent contractor.

| VERIFICATION BY APPLICANT | State of North Carolina, County of |
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| | (Applicant), being first duly sworn, deposes and says that he |
| is true of his (her) own knowledge except as to matters and things, he(she) believes them to b | pplication; that he (she) has read the foregoing application and that the same matters and things therein stated on information belief and that as to such e true. The applicant understands that, should a permit be granted, it may of Article 13A, Chapter 90, North Carolina General Statutes and the Rules of to said Article. |
| | Signature of Applicant |
| STATE OF NORTH CAROLINA | COUNTY OF |
| Sworn to and subscribed before me by | this the Name of Applicant |
| day of , 2 | 0 |
| SEAL | Notary Public – Official Signature |
| My commission expires: | Notary Public – Printed Name |

Form BFS-12(a), revised 8/2018