



NORTH CAROLINA BOARD OF FUNERAL SERVICE

1033 WADE AVE., SUITE 108
RALEIGH, NC 27605

PHONE (919) 733-9380
FAX (919) 733-8271

APPLICATION FOR RECIPROCAL LICENSURE

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 \$200.00, unless you are a military-trained practitioner or a military spouse. 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. hold an active, valid license in a jurisdiction that will reciprocate a North Carolina license to practice as a funeral director, embalmer, or funeral service licensee;
 - d. provide verification(s) that the applicant holds a valid license in good standing from each state licensing board regulating the jurisdiction(s) where the applicant is currently licensed;
 - e. have passed the North Carolina State Board Laws and Rules Exam; and
 - f. have practiced in the profession for at least three years in a jurisdiction that will reciprocate a North Carolina license to practice as a funeral director, embalmer, or funeral service licensee.
- 5) Applications that are not completed within ninety (90) days of submission to the North Carolina Board of Funeral Service shall be denied.
- 6) Verification of licensure forms and model affidavits of continuous practice are located on the Board's website.
- 7) 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 Employer: _____

7. Type of License Sought: _____ Funeral Service Licensee _____ Funeral Director _____ Embalmer
8. Do you presently hold a funeral service, funeral directing, or embalming license in any other jurisdiction outside of North Carolina?
 _____ Yes _____ No
9. If you answered yes to question 8, list each jurisdiction in which you presently hold or have ever held such a license; and for each license, provide the license number and its expiration date.

10. Do you have military training or experience in the practice of funeral service? _____ Yes _____ No
11. Are you a military spouse? _____ Yes _____ No
12. If you answered yes in response to question 10 or question 11, have you had recent experience in the practice of the type of reciprocal license you are seeking for at least two (2) of the five (5) years preceding the date of this application?
 _____ Yes _____ No
13. Do you have any pending complaints against your license in any jurisdiction where you are presently licensed as a funeral service licensee, funeral director, or embalmer? _____ Yes _____ No

14. Education:

- (a) Name of college(s) attended: _____
- (b) Dates of attendance: _____
- (c) Graduation date and degree(s) obtained: _____

15. Employment History for Preceding Three (3) Years:

<u>Employer</u>	<u>Address</u>	<u>Dates of Employment</u>	<u>Nature of Work</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

16. Have you ever had any occupational or business license which has been denied, suspended, or revoked by any local, state, or federal agency?
 _____ Yes _____ No **If yes, attach a statement providing complete details as to the reason for denial and the date, location and 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.**
17. Have you ever been convicted of any felony or misdemeanor crime(s) (other than traffic infractions)?
 _____ Yes _____ No **If yes, attach a detailed statement providing the jurisdiction, charge, and disposition of each conviction.**
18. Within the preceding two (2) years, have you been the subject of any investigation for employee misclassification?
 _____ Yes _____ No **If yes, attach a statement giving complete details as to the 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 _____, County of _____

_____ (Applicant), being first duly sworn, deposes and says that he (she) is the applicant named in the foregoing application; that he (she) has read the foregoing application and that the same is true of his (her) own knowledge except as to matters and things therein stated on information belief and that as to such matters and things, he(she) believes them to be true. The applicant understands that, should a permit be granted, it may be revoked or suspended under the provisions of Article 13A, Chapter 90, North Carolina General Statutes and the Rules of the Board of Funeral Service adopted pursuant 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 _____, 20 ____.

SEAL

Notary Public – Official Signature

My commission expires: _____

Notary Public – Printed Name