



## NORTH CAROLINA BOARD OF FUNERAL SERVICE

1033 WADE AVE., SUITE 108  
RALEIGH, NC 27605

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

### APPLICATION FOR PROVISIONAL LICENSE: FUNERAL DIRECTING

#### 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 \$500.00 payable by personal check or certified check. 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) Applicants must:
  - a. be at least 18 years of age;
  - b. be of good moral character;
  - c. possess an undergraduate degree in any field; an Associate degree in any field; or, a diploma in funeral directing from a Board-approved curriculum at an accredited college of mortuary science. You must request a **certified** transcript from each college you attended. Each such transcript must be mailed directly to the Board unopened;
  - d. have an unexpired certified resident traineeship; be eligible for certification as a resident traineeship; or have at least five years of professional experience under the supervision of a licensed funeral director.
- 5) Applications that are not completed within ninety (90) days of submission to the Board shall be denied.
- 6) 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.

#### General Information for Provisional Licensees

A provisional license issued pursuant to this subsection shall expire on December 31 of each year and shall not be renewed more than two times. The annual renewal fee for a provisional license issued pursuant to this subsection is two hundred fifty dollars (\$250.00). A provisional licensee shall complete a minimum of five hours of continuing education each year, which may include up to two hours of on-line instruction.

If, within three years of first obtaining a provisional license, the provisional licensee substantiates to the satisfaction of the Board that the provisional licensee has obtained passing scores on an examination of the laws of North Carolina; the standards set forth in Funeral Industry Practices, 16 C.F.R. 453 (1984), pursuant to its most recent version; the rules of the Board and other agencies dealing with the care, transportation, and disposition of dead human bodies; and a Board-approved entry-level examination in funeral directing, the Board may issue the provisional licensee a funeral director license subject to the same annual renewal requirements as for licensees in funeral directing.

A provisional license to practice funeral directing pursuant to G.S.90-210.25(a)(3a) shall be subject to the same supervision requirements as a resident trainee pursuant to G.S. 90-210.25(a)(4); provided, however, that a provisional funeral director's license shall not qualify as a funeral director's license for the purposes of this subsection, subsections (a2) and (d) of G.S. 90-210.25, or Article 13D of this Chapter.

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. Education:
  - (a) Name of college(s) attended: \_\_\_\_\_
  - (b) Dates of attendance: \_\_\_\_\_
  - (c) Graduation date and degree(s) obtained: \_\_\_\_\_
8. Funeral Establishment at which provisional work will be done: \_\_\_\_\_  
 Address \_\_\_\_\_  
 Manager \_\_\_\_\_  
 Email Address \_\_\_\_\_ Telephone \_\_\_\_\_
9. Employment History:
 

<u>Employer</u>	<u>Address</u>	<u>Dates of Employment</u>	<u>Nature of Work</u>
_____	_____	_____	_____
_____	_____	_____	_____
10. Are you currently or have you ever been licensed to practice funeral service, funeral directing, or embalming in another jurisdiction?  
 \_\_\_\_\_  
 \_\_\_\_ Yes \_\_\_\_ No **If yes, in what jurisdiction?** \_\_\_\_\_
11. 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.**
12. 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.**
13. Have you ever been the subject of adverse action by any local, state, or federal agency?  
 \_\_\_\_ Yes \_\_\_\_ No **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, 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](mailto: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 \_\_\_\_\_

\_\_\_\_\_ (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

**[THIS SPACE LEFT BLANK INTENTIONALLY]**

**AFFIDAVIT OF LICENSED FUNERAL DIRECTOR OR FUNERAL SERVICE LICENSEE**

I, \_\_\_\_\_, duly licensed as a Funeral Director or Funeral Service licensee by the State of North Carolina, hereby certify that \_\_\_\_\_ [Name of Applicant] is a full-time employee of \_\_\_\_\_ [Name of Funeral Establishment] where I am employed as a funeral director or funeral service licensee. I have practiced funeral service continuously for at least the previous five [5] years. I have not had any disciplinary action taken by the Board against my funeral service or funeral director license within the preceding five [5] years. Likewise, no other jurisdiction has suspended or revoked my funeral service or funeral director license during the preceding five [5] years. I hereby agree to notify the Executive Director of the Board when said Provisional Licensee ceases his or her provisional period under me.

Supervisor Signature: \_\_\_\_\_

Supervisor License No.: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF NORTH CAROLINA

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

Notary Public