

**MONTANA BOARD OF FUNERAL SERVICE**

**PO BOX 200513**

**301 S PARK, 4<sup>TH</sup> FLOOR**

**Helena, MT 59620-0512**

**Licensing Phone: 406-444-6880**

**Email: [dlibsdhhelp@mt.gov](mailto:dlibsdhhelp@mt.gov) Website: [www.funeral.mt.gov](http://www.funeral.mt.gov)**

**CREMATORY TECHNICIAN LICENSE APPLICATION**

I am applying for a :

crematory technician license – \$435

1. FULL NAME: \_\_\_\_\_  

First
Middle
Last
2. OTHER NAME(S) KNOWN BY: \_\_\_\_\_
3. MAILING ADDRESS: \_\_\_\_\_
4. EMAIL ADDRESS: \_\_\_\_\_
5. TELEPHONE: \_\_\_\_\_  

Business
Home
Cell
6. SOCIAL SECURITY NUMBER: \_\_\_\_\_ FOREIGN ID NUMBER: \_\_\_\_\_
7. DATE OF BIRTH: \_\_\_\_\_ 8. GENDER: FEMALE MALE
9. List all professional licenses or certifications you hold or have **ever** held. Verification must be sent directly to Montana from each state or jurisdiction.

State	Other Jurisdiction	License Type	License Number	Requested State Verification	
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No

## **PERSONAL HISTORY QUESTIONS IMPORTANT INSTRUCTIONS AND NOTICE**

1. Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
2. You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
3. Upon submittal of your application form, for every “yes” answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.

## PERSONAL HISTORY QUESTIONS

- |                                                                                                                                                                                                                                                                   |     |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 2. Have you ever surrendered a credential like those listed in number 1, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority?                                                             | Yes | No |
| 3. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position?                                                                                                                                        | Yes | No |
| 4. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position?                                                                                    | Yes | No |
| 5. Have you ever withdrawn an application for any professional license?                                                                                                                                                                                           | Yes | No |
| 6. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold?                                                                                                | Yes | No |
| 7. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?)                                                                                                                                        | Yes | No |

Note on Questions 8 and 9: Applicants who disclose medical, physiological, mental, or psychological conditions or chemical substance use in Question 8 or 9 may qualify for participation in the Montana Professional Assistance Program. Please visit the board website for more information about this program. "Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 8. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | Yes | No |
| 9. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety?                                 | Yes | No |

The following information is provided for Question 10 below:

A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 10. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or "juvenile convicted as an adult" in any state, federal, tribal, or foreign jurisdiction? | Yes | No |
| 11. Are you now subject to criminal prosecution or pending criminal charges?                                                                                                                                                                            | Yes | No |
| 12. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization?                                                                                                               | Yes | No |
| 13. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession?                                                                                                      | Yes | No |

- |                                                                                                                                                                                                                                                                                                                                                    |     |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 14. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons?                                                                                                                                                                                                                | Yes | No |
| 15. Have you ever been placed on probation, restricted, reprimanded, suspended, revoked, resigned in lieu of action against you, or had other action taken against you by any hospital, clinic, health care facility, group medical practice, health maintenance organization, or third-party insurance provider, including Medicare and Medicaid? | Yes | No |
| 16. Are you currently on an exclusion list by the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services prohibiting you from working in a facility receiving federal funding?                                                                                                                                     | Yes | No |
| 17. Has your authority to prescribe, dispense, or administer drugs, including controlled substances, ever been denied, restricted, suspended, or revoked?                                                                                                                                                                                          | Yes | No |
| 18. Have you ever voluntarily surrendered or had your U.S. Drug Enforcement Administration registration placed on probation, restricted, suspended, or revoked?                                                                                                                                                                                    | Yes | No |

I authorize the release of information concerning education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Funeral Service. I hereby declare that the information included in this application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds.

I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

PLEASE REVIEW THE MONTANA LAWS AND RULES AT [www.funeral.mt.gov](http://www.funeral.mt.gov)

# CREMATORY TECHNICIAN SUPERVISION AND TRAINING

## Instructions

This section is to be completed and signed by both the applicant for the crematory technician and the licensed crematory operator who will be supervising the applicant.

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### Section 1 – Applicant Information

1. Applicant Full Name: \_\_\_\_\_  

First
Middle
Last
2. Applicant Mailing Address: \_\_\_\_\_
3. Applicant Email Address: \_\_\_\_\_
4. Name of Crematory Where Applicant Will be Employed as Technician: \_\_\_\_\_
5. Physical Address of Crematory Facility: \_\_\_\_\_
6. Crematory License Number: \_\_\_\_\_

### Section 2 – Supervisor Information

7. Supervisor Full Name: \_\_\_\_\_  

First
Middle
Last
8. Supervisor Montana Crematory Operator License Number: \_\_\_\_\_

### Section 3 – Summary of Training to be Completed

9. [Per ARM 24.147.1115](#), applicants for crematory technician must include: "...[a] summary of training to be completed by the applicant, including subject areas, method of testing, length of training, and name of person providing training...". Describe planned training and name of the person providing the training below:

### Section 4 – Declaration

I, the crematory technician applicant have discussed the above plan with my supervisor and accept responsibility for its implementation.

\_\_\_\_\_  
Legal Signature of Applicant \_\_\_\_\_  
Date

I, the supervising crematory operator have discussed the above plan the applicant, accept responsibility for its implementation, and supervisory responsibility over the applicant.

\_\_\_\_\_  
Legal Signature of Supervisor/Crematory Operator \_\_\_\_\_  
Date