

MONTANA BOARD OF FUNERAL SERVICE
PO BOX 200513
301 S PARK, 4TH FLOOR
Helena, MT 59620-0512
Licensing Phone: 406-444-5711
Email: UnitB@mt.gov Website: www.funeral.mt.gov

CREMATORY TECHNICIAN LICENSE APPLICATION

LICENSE REQUIREMENTS

- Applicants must meet the requirements in [ARM 24.147.1115](#) and [37-19-703](#), MCA.

APPLY FOR LICENSURE – CHECKLIST

The following must accompany an application for crematory technician:

- \$300 application fee;
- crematory technician supervision and training form (see form included with this application); and
- license verification from states in which the applicant holds or has ever held a professional license of any type. License verifications must be requested by the applicant and sent directly to the board office from each state or jurisdiction.

APPLICATION AND PROCESSING PROCEDURES

- When the application file is complete, it will be processed and considered by board staff. The applicant will be notified of any deficient or missing items from the application file.
- Once a routine application is complete, the application takes up to 30 days to process. Once a routine application is processed and approved a license will be issued.
- If the application is considered non-routine there may be a delay in processing the application. Additional information may be requested from the applicant. If an application is considered non-routine it must be reviewed by the board at a board meeting.
- Applicants must keep the board office informed of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

For information with regard to the processing of this application or other concerns please contact board licensing staff at 406-444-5711 or email UnitB@mt.gov.

Applicants must be aware of the Montana laws and rules for funeral service, which can be found at www.funeral.mt.gov.

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CREMATORY TECHNICIAN LICENSE APPLICATION

I am applying for a :

crematory technician license – \$300

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
				Yes	No

Disciplinary Questions

Please read carefully and answer questions completely and truthfully. It may affect your licensure.

- | | | |
|--|-----|----|
| 1. Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 2. Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 3. Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 4. Have you ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 5. Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc)? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 6. Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source. | Yes | No |
| 7. Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupational license in anticipation of or during an investigation or disciplinary proceeding or action? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 8. Is there a pending complaint against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 9. Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your profession or occupation? If yes, please attach a detailed explanation and provide documentation from the source. | Yes | No |
| 10. Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc) If yes, please attach a detailed explanation and provide documentation from the source. | Yes | No |
| 11. Have any civil legal proceedings been filed against you by a (patient /client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition. | Yes | No |
| 12. Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this | Yes | No |

question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purpose of this question includes a deferred imposition of sentence and/or deferred prosecution. If you answer yes, you must submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years and that resulted in fines of less than \$200; and (2) convictions prior to your 18th birthday unless you were tried as an adult.

- 13. Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source. Yes No

- 14. Have you been diagnosed within the past 5 years with a physical condition or mental health disorder involving potential health risk to the public? If yes please provide a detailed explanation. Yes No

- 15. Have you ever been court-martialled or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation from the source. Yes No

DECLARATION

I authorize the release of information concerning my 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 under penalty of perjury the information included in my 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.

Legal Signature of Applicant

Date

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.

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