

MONTANA BOARD OF FUNERAL SERVICE**P.O. Box 200513****(301 S Park Street, 4th Floor - Delivery)****Helena, Montana 59620-0513****(406) 444-5711 FAX (406) 841-2305****E-MAIL: dlibsdfnr@mt.gov WEBSITE: <http://www.funeral.mt.gov>**

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED

Please allow two weeks for processing from the date that the Board has a complete routine application. Non-routine applications must be reviewed by the Board at a Board meeting. A completed application must be received by the Board 15 business days prior to a scheduled Board meeting. Please refer to our website for Board meeting dates.

FUNERAL SERVICE INDIVIDUALS ARE NOT PERMITTED TO PRACTICE IN MONTANA IN ANY MANNER WITHOUT AN ACTIVE LICENSE.

LICENSURE REQUIREMENTS**MORTICIAN INTERN AND MORTICIAN BY EXAMINATION:**

- applicant is not licensed in any other state as a mortician;
- must be 18 years of age or older;
- good moral character;
- a certified transcript of 30 semester credits or 45 quarter credits sent directly to the board office from a college or university accredited by a regional accrediting agency recognized by the U.S. Department of Education;
- a certified transcript of 60 semester credits or 90 quarter credits, sent directly to the board office from a funeral service or mortuary science education program accredited by the American Board of Funeral Service Education (ABFSE) or its successor, granting an associate degree, certificate, or diploma;
- must serve a 1-year internship under the supervision of a licensed Montana mortician;
- passage of the Conference of Funeral Service Examining Boards' Examination;
- passage of the open book Montana Funeral Service Jurisprudence Examination found at the end of this application.

MORTICIAN LICENSING FROM ANOTHER STATE:

- other state's licensing requirements at the time of application to this state must be substantially equivalent to that of Montana's requirements;
- passage of the open book Montana Funeral Service Jurisprudence Examination found at the end of this application;
- license is current and active in another state.

CREMATORY OPERATOR:

- must be 18 years of age or older;
- good moral character;
- high school or equivalent diploma/certificate;
- there is no experience requirement for crematory operators;
- no examination is required.

CREMATORY TECHNICIAN:

- there are no education requirements;
- there is no experience requirement for crematory technicians;
- must be supervised by a licensed Montana crematory operator;
- must submit summary of training;
- no examination is required.

FEES	Application Fee	Mortician \$375.00
		Mortician Intern \$330.00
		Crematory Operator \$300.00
		Crematory Technician \$300.00
		ALL FEES ARE NON-REFUNDABLE

****Make check or money order payable to the Montana Board of Funeral Service****

DOCUMENTS The following documents must be submitted to the Board office in order to complete your license application. Please make 8 ½" x 11" copies of the following and submit with your application.

MORTICIAN INTERN AND MORTICIAN BY EXAMINATION

Mortician:

- completed application and appropriate fee;
- certified transcripts sent directly to the Board office from a college or university accredited by a regional accrediting agency recognized by the U.S. Department of Education;
- certified transcripts sent directly to the Board office from a funeral service or mortuary science education program accredited by the American Board of Funeral Service Education (ABFSE) or its successor, granting an associate degree, certificate, or diploma;
- official verification of International Conference of Funeral Service Examining Boards Examination score.

Mortician Intern:

- in addition to the documents above, a mortician intern must submit the Intern Sponsor Form and meet internship requirements of ARM 24.147.504.

MORTICIAN FROM ANOTHER STATE:

- completed application and appropriate fee;
- license verification from each state where the applicant has been or is currently licensed must be submitted directly to the Board from that state's licensing agency;
- license requirements from other state where applicant holds a current license;
- **submission of the documents below is optional.** Submission of these documents may prevent your license application from being denied if the other state's licensing requirements are not substantially equivalent. Receipt of these documents often shows the applicant meets the licensing requirements by their own credentials:
 - certified official transcripts from an accredited college or university;
 - certified official transcripts from an accredited college of mortuary science;
 - official verification of International Conference of Funeral Service Examining Boards Examination Score.

CREMATORY OPERATOR:

- proof of minimum education of high school graduation or equivalency;
- proof of minimum age of 18 years;
- two letters of reference establishing good moral character;
- completed application and appropriate fee.

CREMATORY TECHNICIAN:

- name of licensed crematory facility where applicant will be employed;
- name of supervising licensed crematory operator;
- summary of training to be completed by applicant, including subject areas, method of testing, length of training, and name of person providing training;
- completed application and appropriate fee.

APPLICATION PROCEDURES

- When the application file is complete, it will be processed, and the applicant may be notified if additional information is required or if the application will go to a Board meeting as non-routine.
- All verifications of licensure must be sent directly from each state board in which the applicant is currently or has ever been licensed. Please make copies of the attached verification request form as needed. Some states may charge a fee for verifications. Contact each state board prior to sending the request.
- Keep the Board office informed at all times 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.

PROCESSING PROCEDURES

- Once a routine application is complete, the application takes up to two weeks to process.
- The applicant will be notified in writing of any deficient or missing items from the application file.
- Crematory Operators must be sure the two individual references you listed on your application complete the reference questionnaire form and return the form directly to the Board office as soon as possible in order to complete your application.

For information with regard to the processing of this application or other concerns please contact the Board of Funeral Service staff at 406-444-5711 or email us at unitB@mt.gov or dlibsdfnr@mt.gov.

Please be sure to review Montana laws and rules for the practice of mortuary science which can be found at www.funeral.mt.gov.

15. List all professional licenses you hold or **ever** have held. Verification must come directly from the jurisdiction.

State	License #	Issue Date	Expiration Date	License Method	Requested State Verification	
				<input type="text"/>	Yes	No
				<input type="text"/>	Yes	No
				<input type="text"/>	Yes	No
				<input type="text"/>	Yes	No

16. 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
17. 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
18. 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
19. 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
20. 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
21. 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
22. Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupational license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
23. 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

- | | | | |
|-----|---|-----|----|
| 24. | 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 |
| 25. | 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 |
| 26. | 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 |
| 27. | 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 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. | Yes | No |
| 28. | 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 |
| 29. | 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 |
| 30. | 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 |
| 31. | Do you have physical impairments requiring special accommodations in taking the examination? Please include a statement of your needs with this application. | Yes | No |

32. PROFESSIONAL EDUCATION - You must also complete the Educational Record Form

Name of University or College	City & State/Province/Territory	Dates Attended	Degree Earned

Name of Mortuary University or College	City & State/Province/Territory	Dates Attended	Degree Earned

Internship	City & State/Province/Territory	Dates Attended	Diploma Received
			Yes No
			Yes No

33. Please type or print names and addresses of two references, whom have known you or associated with you for a minimum of one year.

Name _____

Address _____

City _____ State _____ Zip Code _____ Phone # _____

Name _____

Address _____

City _____ State _____ Zip Code _____ Phone # _____

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.

Signature of Applicant_____
Date

MONTANA BOARD OF FUNERAL SERVICE
P. O. Box 200513
(301 S PARK, 4TH FLOOR - Delivery)
Helena, Montana 59620-0513
(406) 444-5711 **FAX (406) 841-2305**
E-MAIL: dlibsdfnr@mt.gov **WEBSITE: <http://www.funeral.mt.gov>**

VERIFICATION OF MORAL/PROFESSIONAL CHARACTER

APPLICANT: Complete the upper portion of this form and mail to each of the character references you have listed in your application (page 5).

_____ _____
Legal Signature of Applicant Date

(Please Type or Print)
Name of Applicant: _____

Address: _____

This verification sent to: _____

CHARACTER REFERENCE: Please answer the following questions concerning the applicant's moral and professional character. This document is your authorization to release any and all information and opinions you have, favorable or otherwise, directly to the Montana Board of Funeral Service. Your response will be kept confidential.

Name of reference: _____ Daytime phone: _____

Address: _____

Title/profession/position: _____

How long have you known the applicant? _____ In what capacity? _____

To your knowledge, does the applicant have any habits or practices that would adversely affect his/her professional activities? If your answer is "yes", please explain:

Do you consider this applicant worthy of approval to practice as a _____ in Montana?

Please comment on the applicant's professional character, morals and ethics (attach additional sheet as needed):

_____ _____
Signature of Reference Date

The Applicant and the Board thank you for your assistance.

**REQUEST FOR OFFICIAL VERIFICATION OF LICENSURE
(THIS IS NOT AN ENDORSEMENT CERTIFICATION)**

APPLICANT: Do **NOT** send this form in with your application. This is to be used as necessary to request official license verification from states or licensing entities in which you currently hold, or ever have held a license.

COMPLETE THE FORM AND MAIL IT TO ANY STATE BOARD IN WHICH YOU ARE REQUESTING OFFICIAL LICENSE VERIFICATION BE SENT TO THE MONTANA BOARD. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. BE ADVISED THAT SOME BOARDS REQUIRE A FEE FOR THIS SERVICE. IT IS RECOMMENDED YOU CONTACT THE BOARDS BY PHONE PRIOR TO MAILING IN THIS FORM TO SEE IF YOU NEED TO INCLUDE PAYMENT.



LICENSEE INFORMATION

To Whom It May Concern:

I am applying for a license to practice Funeral Service in the State of Montana and the Board of Funeral Service requires official license verification. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to:

**Montana Board of Funeral Service
PO Box 200513
Helena, MT 59620-0513.**

Your prompt response is appreciated.

Name (Please Print) _____ Signature _____

Address: _____

Street or PO Box # _____ City _____ State _____ Zip _____

My License Number from your State is: _____ License Type: _____



This form is to be used to request official verification from states where you hold or have ever held a license. Please **DO NOT** return this form to our office.

MONTANA BOARD OF FUNERAL SERVICE
P. O. Box 200513
(301 S PARK, 4TH FLOOR - Delivery)
Helena, Montana 59620-0513
(406) 444-5711 FAX (406) 841-2305
E-MAIL: dlibsdfnr@mt.gov WEBSITE: <http://www.funeral.mt.gov>

MORTICIAN INTERN SPONSOR FORM

NAME OF INTERN _____

SPONSORING MORTICIAN _____ LICENSE NO. _____

NAME OF MORTUARY _____ LICENSE NO. _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

SPONSORING MORTICIAN _____ DATE _____

SIGNATURE

MORTICIAN INTERNSHIP COMPLETION REPORT

Instructions

This form demonstrates completion of a Montana mortician internship by a mortician intern licensee per the requirements of [ARM 24.147.504](#). The form must be signed by both the mortician intern licensee and the Montana mortician licensee who supervised the internship. If the intern licensee had more than one supervisor then this form must be completed for each supervisor.

Section 1 – Mortician Intern Information

1. Intern Licensee Full Name: _____

First
Middle
Last
2. Intern Licensee Mailing Address: _____
3. Intern Licensee Email Address: _____
4. Intern License Number: _____
5. Intern License Number Expiration Date: _____

Section 2 – Supervising Mortician Information

6. Supervisor Full Name: _____

First
Middle
Last
7. Supervisor Montana License Number: _____
8. Mortuary Name: _____
9. Mortuary License Number: _____

Section 3 – Completion of Internship

10. Beginning Date: _____
11. Completion Date: _____
12. Supervised Clinical Experience Completed:
 - Yes (per the requirements of [ARM 24.147.504](#))
 - No (detailed explanation)

Section 4 – Declaration

I, the supervising mortician, hereby declare under penalty of perjury the information included in this form to be true and complete to the best of my knowledge. In signing this form, I am aware that a false statement or evasive answer to any question may lead to a complaint being filed against my license on ethical grounds.

 Legal Signature of Supervising Mortician

 Date

I, the mortician intern, hereby declare under penalty of perjury the information included in this to be true and complete to the best of my knowledge. In signing this form, I am aware that a false statement or evasive answer to any question may lead to denial of my license or subsequent revocation of licensure on ethical grounds.

 Legal Signature of Mortician Intern

 Date

Montana Board of Funeral Service Jurisprudence Exam

Name _____

Address _____

City _____ State _____ Zip _____

Signature _____

***By signing on the above line, I verify that I am the person completing this exam.**

- This exam is to be taken by mortician and mortician intern applicants. It does not need to be taken by crematory operator or crematory technician applicants.
- This is an open book exam. Please download the statutes and administrative rules governing funeral service found on our website www.funeral.mt.gov under the "Regulations" tab. Click on "Administrative Rules" and "Statutes" in the sidebar.
- This exam consists of 25 questions. Each question requires you to select one answer among the choices given. If more than one answer is chosen per question, or if you fail to answer the question, the question will be scored as incorrect. Please take your time and review your answers.
- A passing score of 19 out of 25 correct answers is required for a mortician license and a mortician intern license in the state of Montana. If you fail the exam and need to retake it there is a \$100 reexamination fee.
- To mark your answer, write the letter corresponding to the answer you choose on the blank line beside the question number. For example:

1. A Members of the Montana Board of Funeral Service serve staggered five-year terms.

- A. The statement is **TRUE**.
- B. The statement is **FALSE**.

Montana Board of Funeral Service Jurisprudence Exam

1. _____ What is the time frame in which a death certificate must be filed with the county registrar?
 - A. Within 72 hours (three days) of the death or discovery of the body.
 - B. Within 10 business days after the date of death occurs or is first discovered and within 48 hours of the time the certifier signs the document.
 - C. Within 10 calendar days after the date of death occurs or is first discovered.
 - D. Within three working days of the time the dead body removal authorization form is filed.

2. _____ A patient dies in the hospital from complications of injuries sustained in an automobile accident that occurred 11 years ago. Who may provide removal authorization in this case?
 - A. The mortician.
 - B. The physician.
 - C. The coroner.
 - D. The next-of-kin.

3. _____ You are notified by the coroner of the death of an unmarried, 22-year-old male who had no children. The coroner advises you that the mother directed the body be sent to your mortuary for embalming and will be responsible for all expenses. You next receive a call from a man, who identifies himself as the father of the decedent, and asks that his son's body be taken to a different mortuary for direct cremation. How do you proceed?
 - A. Proceed with embalming after telling the father that his ex-wife has agreed to pay all charges and you will follow her instructions.
 - B. Call the firm requested by the father to come and get the body for cremation.
 - C. Tell both parties that they will have to deal with you, since it is your month on coroner's rotation.
 - D. Tell both parents that if they cannot come to some mutual-agreement, both you and the other mortuary must require that they submit the matter for judicial resolution.

4. _____ Although very rare, there are causes of death involving certain communicable disease where Montana law requires that the body be cremated or buried immediately with minimum handling. True or False?
 - A. True
 - B. False

CONTINUE TO NEXT PAGE

Montana Board of Funeral Service Jurisprudence Exam

5. _____ What duties may be performed by an intern Mortician?
- A. All the duties and functions of a licensed mortician.
 - B. All the duties and functions of a licensed mortician, except signing death certificates, removal authorization forms, statement of funeral goods and services selected and other disclosure forms.
 - C. All the duties and functions of a licensed mortician, as allowed and directed by the supervising mortician, who remains responsible for the actions of the intern.
 - D. Embalming, making funeral arrangements and directing funeral services, cremations, and disposition of dead human bodies. Completion of all documents and making all required disclosures must be performed by the licensed mortician.
6. _____ Each mortician licensed in Montana is required to earn continuing education credits to qualify for re-licensure. What is the requirement for continuing education hours?
- A. Eight hours in one year or 12 hours in a two-year period, with a maximum carryover of 12 hours.
 - B. Six hours in one year or 10 hours in a two-year period with a maximum carryover of 12 hours.
 - C. 12 hours in a two-year period with a minimum of three hours addressing the FTC funeral rule, federal or state regulations governing safety and sanitation, board rules governing funeral trusts, or funeral ethics with no credits carried over.
 - D. Six hours each year, with no credits carried over.
7. _____ When must all tables, hoppers, sinks, receptacles, instruments, and other appliances in a preparation room be thoroughly cleansed and disinfected?
- A. Prior to beginning an embalming procedure.
 - B. Immediately at the conclusion of each operation.
 - C. At the end of each day's shift in which embalming is performed.
 - D. Before any restoration work, including cosmetology dressing, or hairdressing, is done.
8. _____ Upon request of a licensee, the board may grant a waiver of continuing education for extenuating circumstances of certified illness or undue hardship.
- A. These statements are TRUE.
 - B. These statements are FALSE.

CONTINUE TO NEXT PAGE

Montana Board of Funeral Service Jurisprudence Exam

9. _____ A patient dies in an air ambulance en-route to a medical care facility in a major Montana city after being beaten in a bar in a remote rural county. The exact location where the patient died is unknown. The plane lands at the metropolitan airport that was its' destination at take-off from the remote rural locality. Who certifies the death?
- A. The licensed physician who first treated the patient.
 - B. The coroner at the destination county if the coroner in the county where the altercation occurred fails to act.
 - C. The coroner in the county where the altercation occurred.
 - D. The State Medical Examiner has primary jurisdiction in this case.
10. _____ All caskets and alternative containers used for cremation in this State must be:
- A. able to be closed to provide complete covering of the remains; readily combustible; resistant to leakage or spillage; sufficient for handling with ease; and sufficient for protection of the health and safety of crematory personnel.
 - B. completely enclosed with rigid handles that meet OSHA requirement for safe handling, be readily combustible and be completely leak proof and puncture resistant.
 - C. readily combustible of a material that meets EPA requirements for minimum air-quality standards during the cremation process.
 - D. Must be sufficiently leak proof as to meet the blood-borne pathogen standards of the Occupational Safety and Health Administration.
11. _____ No licensee of the Montana Board of Funeral Service, or any director, officer, or employee of any mortuary, crematory, or other provider shall directly or indirectly, for the director or officer, or as the partner or agent of others, borrow any prepaid funeral trust funds, including principal or accrued interest. No such person shall become an endorser or surety for loans to others, nor in any manner be an obligor for money borrowed from or loaned by the prepaid funeral trust.
- A. The statements are **TRUE**.
 - B. The statements are **FALSE**.
12. _____ When must the person who removes a dead body or the remains of a fetal death, file the completed dead body removal authorization (ART) form with the local registrar?
- A. Within two working days of removal.
 - B. Within 36 hours of the removal.
 - C. Within 48 hours of the removal.
 - D. Within three working days of the removal.

CONTINUE TO NEXT PAGE

Montana Board of Funeral Service Jurisprudence Exam

13. _____ Licensees may earn up to three hours of continuing education per year by self-study, audio, video, internet-based, or other activity as long as the licensee passes a test on the materials as evidenced by a certificate of completion. True or False?
- A. True
 - B. False
14. _____ Which of the following is a true statement of who may authorize the removal of a dead human body from the place of death?
- A. If the death occurs within a licensed medical facility, removal may only be authorized by a physician licensed to practice within the State of Montana.
 - B. If the death occurs within 24 hours of admission to a licensed medical facility, the coroner having jurisdiction may authorize removal.
 - C. In all circumstances, removal may be authorized either by a licensed physician, or by a licensed mortician.
 - D. In cases where the death must be reported to the coroner, the coroner may authorize removal as well as a licensed physician or the physician's designee, or any nurse who was in attendance at the time of death.
15. _____ Mrs. Jones calls you from the hospital and advises you that her husband has just been pronounced dead on arrival at the hospital after being stricken at home and taken to the hospital by ambulance. Their personal physician has advised her that death was due to a sudden cardiac event and she said the doctor had seen Mr. Jones for his long-standing heart disease four days ago. Mrs. Jones asks that you remove the body immediately and embalm for traditional funeral services. By state law, must this death be reported to the coroner?
- A. No, since he had been attended by his physician within 30 days of death.
 - B. Yes, since he was dead on arrival at a medical facility.
16. _____ No person, firm or corporation shall sell or offer to sell, or make or offer to make at-need funeral arrangements, pre-need funeral arrangements or prepaid funeral agreements, unless that person is:
- A. A pre-need funeral specialist certified by the National Funeral Directors Association.
 - B. A licensed mortician.
 - C. Pre-need Counselor licensed by the Montana Board of Funeral Service, or another state.
 - D. An authorized employee of a licensed mortuary, under the direct or indirect supervision of a licensed mortician of funeral director.

CONTINUE TO NEXT PAGE

Montana Board of Funeral Service Jurisprudence Exam

17. _____ If, after a three-year period from passing this examination, the internship has not been completed:
- A. The Intern may change supervising morticians and then complete the internship within one additional year.
 - B. The Board of Funeral Service may grant a mortician's license regardless.
 - C. The Intern may apply for re-examination on the State law and rules and, upon passing, begin the internship anew.
 - D. The Intern must re-take the National Conference Examination and, upon passing, re-apply to the Board for re-examination on State law and rules.
18. _____ How may liquid or semisolid infectious waste be disposed of?
- A. Burial with the body from which the infectious waste originated;
 - B. By discharge into a sewer system that provides secondary treatment or into a primary treatment sewage system if waste is first sterilized by chemical treatment.
 - C. By double-bagging and disposing in a licensed landfill.
 - D. By being separated from ordinary waste at the point of origin and stored until the waste is rendered noninfectious in separate, distinct containers with biohazard warning labels until such time as the infectious waste can be transported to an approved offsite treatment facility.
19. _____ A client requests that her husband's Labrador retriever, which was euthanized the day prior to his unexpected death, be cremated with him and the commingled remains then be returned to her. Is this legally allowable in Montana?
- A. No, cremation of animals or pets of any type is strictly prohibited in a crematory facility designed for cremation of human remains.
 - B. Yes, if the request is made in writing and signed before a notary public.
20. _____ Conduct that does not meet the generally accepted standards of practice may be construed as unprofessional conduct, and may result in discipline against a licensee.
- A. This statement is TRUE.
 - B. This statement is FALSE.
21. _____ An 80 year-old man with extensive history of heart disease has severe pain and shortness of breath and is admitted to a hospital at 8:00 P.M. on a Sunday evening. He is treated by his physician for a clearly diagnosed myocardial infarction, but dies in the hospital at 6:00 A.M. Monday (the morning after admission). Which one of the following statements is true?
- A. This death must be reported to the coroner since the patient died less than 24 hours after admission to a medical care facility.
 - B. Since the diagnosis is scientifically indisputable and the physician is willing to sign the death certificate, he/she may certify the death without further report or inquiry.
 - C. Either the attending physician or licensed mortician may authorize the removal of the body.
 - D. The body may be cremated immediately on order of the next-of-kin.

CONTINUE TO NEXT PAGE

Montana Board of Funeral Service Jurisprudence Exam

22. _____ The legislature has declared that it is the public policy of this State to regulate **all** cemeteries in the state to protect public health and promote financial stability through perpetual care and maintenance trusts.
- A. The statement is TRUE; all cemeteries are subject to regulation by the board of Funeral Service as directed by the legislature.
 - B. The statement is FALSE; only private, for-profit cemeteries are regulated.
23. _____ Montana's Department of Public Health and Human Services rules require: "When a person dies, the person's health care provider, the local coroner who certifies the death, or, if the death occurs in a health care facility, a facility, staff member designated by the facility must notify the mortuary receiving the person's body, at the time of transfer of the body to the mortuary, or as soon after transfer is possible, whether or not the person had or was suspected of having an infectious disease at the time of death."
- A. The statement is TRUE.
 - B. The statement is FALSE.
24. _____ A 31 year-old male dies Wednesday morning of complications of Human Immunodeficiency Virus (AIDS). His parents request an open-casket funeral service to be held in their church on Saturday afternoon. Can this open-casket funeral rite be held in compliance with Montana rules?
- A. Yes. There are no restrictions on open-casket public services in AIDS deaths.
 - B. No. Montana Rules do not allow open casket rites for AIDS cases.
25. _____ You are called by the coroner to the home scene of a death by suicide. The family is present on the premises and has requested your full, traditional services (implying, for purposes of this question, that the mortician is to manage all required paperwork). Who must sign the dead body removal authorization (ART) form in this case?
- A. The attending physician and next-of-kin.
 - B. The coroner and next-of-kin.
 - C. The coroner or mortician.
 - D. The mortician and next-of-kin.

END OF EXAMINATION