

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

**MORTICIAN INTERN LICENSE APPLICATION**

I am applying for a :

mortician intern license – \$479

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. DATE PASSED NATIONAL EXAM (arts and sciences): \_\_\_\_\_
10. List academic degrees received from funeral service or mortuary science education programs. List the most current degree first.

Name of University or College	City and State/Province/Territory	Dates Attended	Type of Degree Earned (i.e. associate degree or bachelor's degree)	Total Number of Credits Earned

11. 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

## **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.

- |  |     |    |
|--|-----|----|
| 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.

- |   |     |    |
|---|-----|----|
| 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.

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Signature of Applicant

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Date

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

## MORTICIAN INTERN SUPERVISOR

### Instructions

This section must be completed and signed by both the applicant for the mortician intern license and the licensed mortician who will be supervising the applicant during the internship. If the applicant will have more than one supervisor then this form must be completed for each supervisor.

### Section 1 – Applicant Information

1. Applicant Full Name: \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_
2. Applicant Mailing Address: \_\_\_\_\_
3. Applicant Email Address: \_\_\_\_\_
4. Name of Mortuary Where Applicant Employed: \_\_\_\_\_
5. Physical Address of Mortuary Facility: \_\_\_\_\_
6. Mortuary License Number: \_\_\_\_\_

### Section 2 – Supervisor Information

7. Supervisor Full Name: \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_
8. Supervisor Montana License Number: \_\_\_\_\_
9. Name of Mortuary Where Supervisor Employed: \_\_\_\_\_
10. Physical Address of Mortuary Facility: \_\_\_\_\_
11. Mortuary License Number: \_\_\_\_\_

### Section 3 – Declaration

I, the mortician intern applicant understand the requirements of a mortician internship per board statute and [ARM 24.147.504](#).

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

\_\_\_\_\_  
Date

I, the mortician intern supervisor understand the requirements of a mortician internship per board statute and [ARM 24.147.504](#).

\_\_\_\_\_  
Legal Signature of Supervisor

\_\_\_\_\_  
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](http://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

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## **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.

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## 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.

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## **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 or funeral director.

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## 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.

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## **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**