

**MONTANA BOARD OF FUNERAL SERVICE**  
**PO BOX 200513**  
**301 S PARK, 4<sup>TH</sup> FLOOR**  
**Helena, MT 59620-0512**  
**Licensing Phone: 406-444-5711**  
**Email: [UnitB@mt.gov](mailto:UnitB@mt.gov) Website: [www.funeral.mt.gov](http://www.funeral.mt.gov)**

**MORTICIAN INTERN LICENSE APPLICATION**

**LICENSE REQUIREMENTS**

- Applicants must meet the requirements in [ARM 24.147.504\(1\)](#) and [37-19-101\(24\)](#), MCA. See below for a general summary checklist of requirements.

**APPLY FOR LICENSURE - CHECKLIST**

***The following must accompany an application for mortician intern:***

- \$330 application fee;
- proof applicant is at least 18 years of age;
- certified transcript(s) sent directly to the board office from an accredited funeral service or mortuary science education program verifying graduation.
  - ◆ Graduates from a baccalaureate program do not need further education.
  - ◆ Graduates from an associate program must submit, in addition to the degree transcript, a certified transcript proving an additional 30 semester or 45 quarter credits from an accredited college or university in the following subjects: accounting, business, computer applications, communications/speech, English, history, mathematics, psychology, religion, sociology, education, biological sciences; or other subjects germane to the practice of mortuary science;
- mortician intern supervision 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.

***The applicant must pass the following examinations:***

- International Conference of Funeral Examining Boards (The Conference) national exam at or above the designated national standard. Results must be sent directly to the board from The Conference; and
- open book Montana Board of Funeral Service jurisprudence examination included with this application (passing score is 76% or higher).

**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](mailto: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](http://www.funeral.mt.gov).**

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**MORTICIAN INTERN LICENSE APPLICATION**

I am applying for a :

mortician intern license – \$330

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. **\*This question is only for applicants who took a state licensing exam instead of the national exam.\***  
 List all state exams taken.

State	Type of Exam (i.e. arts, science, or both)	Date Passed	Requested State Verification of Results	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No

11. 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

12. Applicants applying with an associate degree must complete the additional education requirements as described below.

Per the requirements of ARM 24.147.402, in addition to the credits from my associate's degree, I have obtained an additional 30 semester credits or 45 quarter credits from a college or university accredited by a recognized U.S. Department of Education accrediting agency in the following subjects: accounting, business, computer applications, communications/speech, English, history, mathematics, psychology, religion, sociology, education, biological sciences; or other subjects germane to the practice of mortuary science.

Yes

\*If answer is "yes", applicant must fill out the below table. Attach additional sheets as necessary.\*

No

Not Applicable – I have a baccalaureate degree in funeral service or mortuary science education.

Name of University or College	City and State/Province/Territory	Dates Attended	Quarter or Semester Credits	Total Number of Credits Earned
Total Credits Earned (from all universities or colleges)				

13. 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

**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

## 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.

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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 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 of 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